



# CHEMIST & DRUGGIST





THE NEWSWEEKLY FOR PHARMACY

## Z ONE TO Z WATCH



**The No.1 sleep aid  
set for biggest ever TV campaign.**



-  New national TV campaign breaks November.
-  Includes Nytol and new Nytol One-A-Night.
-  Eye catching P.O.S. material available.
-  Don't get caught napping – stock up today!

Nytol, Nytol One-A-Night and Z's logo are Trademarks of Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SPDO2952 November 1995

New Nytol One-A-Night.

**Good Mornings follow a Good Nytol.**

11 November 1995

### RPSGB puts money behind RPM fight

DoH seeks pharmacists'  
help in community care

Cancer concern moves  
carbaryl onto POM list

Adapt to  
change,  
urges NPA  
chairman



Dixon & Spearman puts  
research into practice

Press for success: all is  
revealed on aerosols

Blyth spells out Boots'  
position on RPM

The treatment for vaginal thrush that 88% of women patients prefer<sup>1</sup> is now also available OTC. Diflucan\* One.

NO MESSING

A single capsule, taken by mouth. No mess, no bother, no embarrassment.

NO WAITING

Can be taken immediately, no need to wait until bedtime.

FAST ACTION

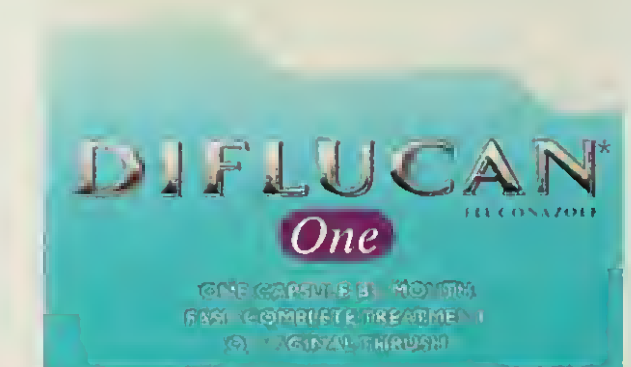
Diflucan One (150mg fluconazole) takes only 2 days to give complete symptomatic relief,<sup>2</sup> compared with 3 days<sup>2</sup> for clotrimazole (200mg x 3 pessaries).

TRIED AND TRUSTED

Diflucan, still available on prescription, has been prescribed by doctors since 1988, and has been shown to be extremely well tolerated.

EXPECT A CONSIDERABLE DEMAND

A £2 million advertising and PR campaign will support the OTC launch.



The complete treatment in one capsule.

1. Phillips RJM et al (1990) British Journal of Clinical Practice 44: 219-222

2. Report of an International Multicentre Trial (1989) Brit J Obstet Gynaecol 96: 226-232

Abbreviated product information for Diflucan One (fluconazole). Presentation Capsule containing 150mg fluconazole. Indication and dosage. Acute or recurrent vaginal candidiasis: single oral 150mg dose. Use in elderly as above. Use in children: not recommended. Contra-indications: Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed. Warnings: Lactation: Not recommended. Drug interactions: Anticoagulants, cyclosporin, oral sulphonylureas, phenytoin, rifampicin and theophylline. Side-effects: Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. Legal category: P. Package Quantity and Cost Price: 150mg capsule, pack of 1, £7.12 (PL1906/0017). Product Licence Holder: Pfizer Consumer Healthcare, Wilsons Road, Alton, Hampshire GU34 2TJ. Telephone 01420 84801. Date of publication: September 1995.

\* TRADEMARK



Community pharmacists aim to give customers a professional service. So, since the Royal Pharmaceutical Society announced, back in 1994, a scheme to ensure that all assistants serving on the medicines counter have, from July next year, either adequate experience or are undertaking accredited training, the profession has exercised patience. And this, despite confusing and changing requirements, and a delay in clarification of what is required of course takers by the Society, and of course providers by the accrediting body.

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where forward-thinking is made to pay

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Closer working links urged by leading GP



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# Pharmacists urged to apply for community care funding

The Royal Pharmaceutical Society's Council is to encourage pharmacists to apply for community care project funding.

The Department of Health has made "limited resources" available to support developmental community care projects as part of its aim to build partnerships between the disparate groups concerned with community care.

The DoH is looking for bids

from "anyone who plays a role in community care", with \$1 million available for 1996-97.

David Walden, the Department's head of community care, points out that pharmacists "can play an important part" in this strategy. Although, ideally, they should be in partnership with other agencies, "this does not preclude pharmacists coming forward on their own," he adds.

However, priority will be given to the multi-agency approach.

The RPSGB Council has highlighted such suitable topic areas as domiciliary visits, mental health services, services for cancer patients and monitoring medication for patients at risk.

The deadline for bids for 1996-97 is January 28. More details are available by contacting the DoH on 01937 840250.

## 2,000 sign up for MCQs

Over 2,000 experienced medicines counter assistants have registered for the first multiple choice question examination to ensure that they fulfil the Royal Pharmaceutical Society's new training requirements.

The Society had not, as *C&D* went to press, released any further details regarding the actual date and format of the examination, or when sample papers are to be distributed. However, *C&D* understands that the time limit for completing the examination paper will be 40 minutes.

## Hannawin re-elected as PSNI president



Terry Hannawin has been re-elected as president of the Pharmaceutical Society of Northern Ireland for 1995-96.

Honorary treasurer Dr William Woodside was also successfully re-elected, with Dorothy Graham appointed vice president.

The latest meeting of the PSNI's Council noted with approval that the Medicines Control Agency is proposing a change in procedure to allow consultation before the deregulation from P to GSL and that temporary GSL status should only be granted in exceptional circumstances.

Council said it found it difficult to anticipate the need for granting temporary GSL status in the future.

## Half of Gwynedd pharmacies in needle exchange scheme

Almost half the community pharmacies in Gwynedd are in the local needle exchange scheme.

Scheme co-ordinator Goronwy Bennett-Williams says the service is suffering from its own success, with increasing demand for packs, outlets and advice. Around 6,000 syringe packs were issued in the first six months of this financial year, double to triple last year's number.

Mr Bennett-Williams attributes the demand to more access points being available and a growth in the injector population. "I would prefer to have all pharmacies on-line, but we haven't got the resources. We need to expand the budget in line with demand," he says. So far, 30 of Gwynedd's 62 pharmacies now offer a form of needle exchange service.

## Script refunds GHP slams drug circular

Patients confused over the new ruling on exempt prescriptions for men over the age of 60 can now contact a newly-established claims unit.

Set up by the Prescription Pricing Authority, the unit's main function is to process refunds for charges paid by men aged 60-64 in the three months before October 20 this year. Pharmacies are being provided with posters and refund coupons to distribute to their patients.

An amended FP10 incorporating the change is expected within the next three months.

Patients with queries can contact the Prescription Claims Processing Unit, PO Box 305, Freepost NT3158, Newcastle-upon-Tyne NE99 2RP.

The Guild of Hospital Pharmacists has slammed a Department of Health circular, which fails to recognise the pharmacist's role in shared care arrangements for drug misusers.

"In view of the fact that these responses will be used by the NHS Executive to determine future action, and presumably future expenditure, on drug treatment services, it is essential that the Department is made well aware of the work of pharmacists in this area," says the Guild's professional secretary, Ian Simpson.

The NHS Executive circular, sent to district health authority chief executives, asks the authorities to review their arrangements for the shared care of drug misusers. They are advised to consult a number of organisations - none of which are connected with pharmacy.

Mr Simpson advises pharmacists who are currently providing a service to drug misusers to contact their health authority chief executive "immediately".

## PMR regulations delay

Community pharmacists are being given an extra chance to obtain patient medication records certification, following a delay to amendments in the NHS (Pharmaceutical Services) Regulations 1992.

These amendments were expected to come into force on December 1 this year. The hiatus allows pharmacists to continue to receive professional allowance payments, even if they do not maintain PMRs.

The Pharmaceutical Services Negotiating Committee advises contractors and staff, who do not yet have the necessary certification for managing PMRs in a community pharmacy, to take advantage of this opportunity and obtain their certification "without delay".

## Complaints on the up

The number of complaints against contractors providing pharmaceutical services rose by one-third in 1994, according to statistics published this week.

Service committees in England carried out 107 formal investigations, compared with 78 in 1993. A breach was found in 88 cases and remuneration withheld in 41, says the Department of Health's 'Health and Personal Social Services Statistics for England: 1995 Edition' (HMSO, \$12.25).

The total number of items dispensed rose from 445.4 million in 1993 to 456m in 1994. The proportion dispensed by GPs remained constant at about 11 per cent.

The total net ingredient cost of all medicines dispensed in England was \$3,403.8m. The average net ingredient cost was \$7.47.

The proportion of drugs prescribed generically rose from 47 per cent in 1993 to 52 per cent in 1994, while those dispensed generically rose from 38 per cent to 42 per cent.

## Zyma recalls 'cloudy' Savlon

Zyma Healthcare is recalling a batch of Savlon Antiseptic Liquid Wound Wash.

Lot A 086 contains liquid which may be cloudy in appearance. Pharmacists are advised to isolate all store stocks and con-

sumer returns. Zyma representatives will call in the near future to remove this stock and arrange full credit.

For further information call 0800 454025 (open Monday-Friday 9.00am-5.15pm).



## East Sussex 'moves pharmacy forward'

A voluntary self-appraisal initiative for East Sussex pharmacies is being launched next week.

The 'Moving Pharmacy Forward' approach aims to commit pharmacies to look at quality issues. Erica Barrie, pharmaceutical adviser for East Sussex Family Health Services Authority, which produced the initiative in tandem with the local pharmaceutical committee, says: "This is a tool that the pharmacist can use to promote themselves."

The scheme is being launched at the inaugural meeting of the East Sussex Pharmacy Forum, which aims to involve all those working in community pharmacy in discussing the world of pharmacy. This is the first of series of meetings, with audience members choosing suitable agendas.

## N Ireland rural dispensing guidelines put on hold

Guidelines on rural dispensing due to be issued on November 1 by the Department of Health in Northern Ireland have been delayed (C&D last week).

A spokesman for the Department said there had been "a set-back" and it was not intended to issue them until after the new year.

According to the 'final draft' of the guidelines, health boards in NI will have to take into account whether a GP practice is within one kilometre (0.61 miles) of a pharmacy in their review of rural dispensing. A patient who is normally able to attend the doctor's surgery should not be included on a list, if that surgery is within one kilometre of a pharmacy and that pharmacy provides a comprehensive collection and delivery service to meet the needs of

the patient when they are unable to attend the surgery.

The guidelines read: "A decision to require a doctor to dispense is likely to be taken in future only in exceptional circumstances, where a board is satisfied that patients are having serious difficulty in obtaining medicines."

Revised criteria on what constitutes "serious difficulty" mean only patients who live more than five kilometres (3.1 miles) from a pharmacy should normally be considered for inclusion on a doctor's dispensing list.

Following the current review of dispensing lists, boards will be asked to examine lists again at least every five years, but earlier if there are significant changes of circumstances – for example, the opening of a new pharmacy.

## BNF goes electronic

The *British National Formulary* is now available on disk and CD-Rom. The cost for a single user is £50. Contact Kate Rowan at the Society for more details.

## Scottish endorsement note

The Prescription Pricing Division is to accept endorsements for naproxen 250 and 500mg tablets for November.

## Scottish statistics ...

Scottish pharmacists and appliance suppliers dispensed 4,281,647 prescriptions during August, at a cost of £41,131,962. The net total per prescription was £8.9253 for pharmacists and £9.0408 for appliance contractors.

## ... ditto Northern Ireland

Some 1,550,027 prescriptions were dispensed by Northern Ireland pharmacists and appliance contractors in August, at a gross cost of £16,020,864.70 and a net ingredient cost per prescription of £8.7283.

## Smoking Quitline

The Health Education Authority has launched a Freephone Quitline number to encourage smoking cessation. It is open from 9.30am-5.30pm, seven days a week on 0800 002200.

## Tesco fails

Tesco has failed in its bid for an NHS contract at the Kingsmeadow superstore in Cirencester. The company is now applying for a minor relocation.

## Accreditation day

The Society is holding a meeting on November 17 to launch the accreditation scheme for counter assistants' courses. Course providers wishing to attend should contact Roger Odd on 0171 735 9141.

## Cancer ignorance

Around 50 per cent of patients diagnosed with cancer are given no information when they are first told. 'The right to know: a BACUP guide to information and support for people living with cancer' is now available. Send an SAE to BACUP, 3 Bath Place, Rivington Street, London EC2A 3JR.

## Bandages correction

Tubigrip, mentioned in last week's bandages feature in Pharmacy Update (pVIII), is manufactured by Seton Healthcare, not Smith & Nephew.

# Carbaryl products to go POM

The Department of Health says procedures for changing the legal status of carbaryl-containing products to prescription only (POM) are under way, following the Committee on the Safety of Medicines' recommendations.

As a result, the Royal Pharmaceutical Society has advised all pharmacists, with immediate effect, not to sell any headlice preparation containing carbaryl, unless it has been prescribed. The headlice products affected are: Carlyderm lotion and shampoo; Clinicide lotion; Derbac-C lotion and shampoo; and Suleo-C

lotion and shampoo.

The move was prompted by new, unpublished data on animals which shows that carbaryl is an animal carcinogen. The Medicines Control Agency stresses the risk of cancer is theoretical and that there are no reports of tumours with carbaryl exposure in humans after 40 years of use. Its actions are being taken as a "prudent measure".

Seton Healthcare, manufacturer of carbaryl headlice products, says it will be co-operating fully with any changes required in the coming months and is hav-

ing discussions with the Department regarding its decision to restrict supply. It has not, as yet, announced if it will be accepting stock returns.

The public is advised to return any unwanted product to a pharmacy or, contrary to usual policies for medicines, seal the product in a plastic bag and place it in their dustbin.

Retailers, such as pharmacists, are advised by the Department of the Environment to dispose of carbaryl waste in the same way as they get rid of any other similar wastes.



HONEYCUTT



## 'Healthy bodies in Berkshire'

Berkshire pharmacists are taking part in a six-month health promotion pilot project.

The £14,500 'Healthy Bodies in Berkshire' initiative aims to enhance pharmacists' health promotion role: 40 are taking part in two three-month-long campaigns.

The first begins this month and will encourage people to improve the quality and relevance of the medicines and first aid equipment in their medicine cabinet.

Patients will be asked to return unused medicines to the pharmacy and will be given a leaflet detailing the top 20 items for a healthy medicine cabinet.

The second phase, starting in February, will highlight asthma advice and smoking cessation.

Pharmacists receive training and a £100 payment for each topic.

## Thames Group takes up research projects

The Thames Group has agreed to take two practice research projects forward for funding (*C&D* September 23, p414).

The first scheme will examine the role pharmacists can play in enabling mental health patients to move into the community. The second will focus on pharmacist domiciliary visits.

The London Primary Care Support Force will help the Thames Group identify funding.

The Support Force is offering health promotion training for community pharmacists in Kensington, Chelsea & Westminster, and is helping improve pharmacy premises in Camden & Islington.

# Society puts up cash in fight to defend RPM

The Royal Pharmaceutical Society is to contribute a "reasonable" sum towards the research, public relations and legal advice necessary to defend resale price maintenance of medicines.

Last week's Council meeting agreed that the fight for RPM should be based on concern for public safety and health, and because the facts applying when the Restrictive Practices Court made its decision in 1970 were just as relevant in 1995.

The court decided then that, if

RPM fell, the variety of medicines available to the public would be reduced substantially, as would the number of outlets, to the detriment of consumers.

The director general of fair trading now has to prove that these reasons are no longer valid and has to convince the court that the whole case should now be re-examined.

The are three stages in the RPM review, Council was told. Firstly, the director general identifies the products covered. Sec-

ondly, he reviews the statistics associated with the judgment and decides, after discussion with the affected bodies, whether there had been a significant change in circumstances. He then has to persuade the court that circumstances have changed. If he is successful, the case will be tried again.

Council has yet to decide what constitutes "reasonable expenditure". A briefing document is to be prepared on the public health policy issues.

## Employers report recruitment problems

The Royal Pharmaceutical Society's manpower committee is to urgently consider the current balance of supply and demand for pharmacists, as there has been an increase in reports of recruitment difficulties from employers.

The RPSGB Council has also asked the committee to look into the consequences of, and ways of ameliorating, the effect of the 'fallow' year during the change to a four-year degree.

The Hospital Pharmacists Group Committee has also expressed concern at reports of recruitment problems in certain areas, particularly in view of a general expectation that the need for pharmacists in the hospital

service will increase over the next five years at least.

**Vaccine storage** More information on the adequacy of community pharmacists' refrigerators is needed before the Society will support a proposal that there should be a new British Standard for refrigerators suitable for storing vaccines.

The Practice Committee felt there should be a new specification only if problems were arising from refrigerators currently used.

**Registration exam** Council agreed that the syllabus for the registration exam should be reviewed in the light of comments received over its first three years.

The October exam was taken by 172 candidates. Of the 152 who were UK graduates, 135 managed to satisfy the examiners, as did all but three of the remaining 20 candidates.

Council agreed to seek a Byelaw amendment requiring that graduates who failed the exam at the second attempt should have to complete a further six months' employment before taking the exam again.

**Identifying pharmacists** The Practice Committee agreed to look into ways of introducing a means by which pharmacists could be more clearly identified to customers.

**Part-registered premises** The Law and Ethics Policy Committee is investigating the issue of pharmacists who pursue business activities from pharmacy premises, which might be considered inimical to professional

activities. For example, some pharmacists have deregistered parts of their premises to become newsagents.

**Unavailability of animal medicines** Council is to look into a complaint about pharmacists being unable to obtain certain veterinary medicines, with a view to seeking action from the Office of Fair Trading. A veterinary pharmacist has alleged that pharmaceutical companies and veterinary wholesalers are obstructing supplies.

**Veterinary POM to P** Discussions are to be held with the Animal Health Distributors Association about products that might be removed from prescription only classification.

**Pet health course** Belfast School of Pharmacy has developed a distance learning course on pet medicines, in conjunction with the RPSGB and the Pharmaceutical Society of Northern Ireland. The course starts on January 1, 1996. The fee for completion of four modules will be \$200.

**Pharmacist prescribing** A study day on pharmacist prescribing is planned for June, 1996.

**Hospital issues** The DoH chief pharmacist, Bryan Hartley, has discussed various NHS issues with the Hospital Pharmacists Group Committee.

He said there were no plans to discontinue advisory bodies, such as the Standing Pharmaceutical Advisory Committee, and suggested its role should become even more forceful with the reduction of in-house specialist advice in the NHS Executive.



Speakers at *Chemist & Druggist's* seminar on aerosols are pictured with Miller Freeman Pharmacy Group associate publisher John Skelton (left) who chaired the event last Thursday – their papers are given on p703. From left to right are: British Aerosol Manufacturers' Association director Sue Rogers, Liverpool community pharmacist Jeremy Clitherow, and Precision Valve technical manager Nigel Jackson. This is the 32nd *C&D* seminar; they have been accredited by the College of Pharmacy Practice since 1994



## PHARMACIST PEN PORTRAIT

## Goronwy Bennett-Williams



● **Qualified** in 1970, following a degree at Liverpool and prereg at Boots in Caernarfon, Gwynedd.

● **Career** Spent three years on relief with Boots, Gwynedd, before setting up G & J E Bennett-Williams in Penrhyn Bay, Llandudno, with his pharmacist wife, Jeannette.

● **Projects** In 1985, he was involved in setting up the Llandudno Drugs Council, a voluntary group for drug abusers, which includes a helpline and drop-in centre, as well as social and legal support services.

In 1989, he piloted a needle exchange scheme, which is now fully-operational, with 30 community pharmacies signed up.

Goronwy also devotes one day a week to co-ordinating the local community trust drug service, which is also targeting steroid users. Last year, he came top in the Good Health Wales Awards, run by Health Promotion for Wales.

● **Committees** Board member of the FHSA; LPC member; chairman Llandudno Drugs Council.

● **Interests** Committed Christian; photography; gardening; plays the guitar; breeds English and Irish Setters – had ten at home at one stage.

● **Outlook on life** "[Christianity] has motivated all the work I've been doing." Goronwy knows most of his customers and sees them as good friends. "I always imagine the shop is another room in my house and that people are coming to see me."

● **Pharmacy philosophy** Goronwy wants pharmacy to be made more user-friendly, acting as a key interface between authority and patients, particularly drug abusers. "We are the credible profession who have the interests of the street people and the ears of the authority."

Goronwy believes domiciliary care for the elderly is necessary; and is concerned about the complacency that emergency contraception brings about.

## Why can't ZD be applied automatically?

At the 11th hour, the Department of Health has finally agreed that fridge lines should be zero rated (C&D November 4, p667). However, this acceptance seems not only to have been taken with extreme reluctance but also continues to leave the responsibility for endorsing 'ZD' to the pharmacist.

I consider that I am fortunate in running a computer-driven endorsement system which, even if by Prescription Pricing Authority standards it does over-endorse, at least protects my interests. But many pharmacists still endorse by hand, and errors become inevitable. The DoH seems happy to capitalise on these errors and retain discount monies to which it has no right.

I know the Pharmaceutical Services Negotiating Committee is pressing for automatic zero discounting, but action is needed now. A simple instruction to the PPA is all that is necessary, so why is the Department hesitating? Surely, as the victims of this iniquitous system, community pharmacists have a right to know.

## Ask me if I think the price is right!

The attractions of a single-dose oral treatment for vaginal thrush have not been lost on my customers, and I have already had numerous requests for Diflucan One.

I am sure that initial demand will be strong, as Pfizer Consumer Healthcare is backing the launch with a £2 million marketing campaign, but if, as I anticipate, the company's advertisements give no indication of price, then I will be left having to convince my customers that an oral preparation at £12.50 is better than a pessary at £5.95.

# Topical Reflections

I realise that the industry rarely quotes prices in advertisements, but wonder whether, with such expensive medicines, this could be counterproductive. Casual inquiries for expensive medicines invariably result in a rejection of treatment, or a request for a cheaper alternative, whereas an unashamed statement or price could produce an uncompromised demand.

In the case of Diflucan One, the high price was inevitable and I am prepared to justify it to the customer, but the over the counter launch of Emulsiderm in its original 300ml dispensing packaging must be a marketing disaster. Again, no price is quoted, but at £7.64 I have already had numerous patients backtrack on their requests when a smaller launch size at, say £4.95, would have produced a positive customer response. The advertisements were clear, large and must have cost a lot of money, but such a

lot more could have been achieved for no increase in expenditure ... if they had only asked me!

## Life in the old dog yet

I am feeling very vulnerable these days. First there was the bombshell of the deregulation of ibuprofen, and now the threat to resale price maintenance. In the shop, I seem to work harder for less reward – and the Government once told us that pharmacy was a no-risk profession!

Numark's answer is to look to its co-operative marketing approach, concentrating less on the prescription numbers game, and more on ensuring a visible front shop. All very well in the present commercial climate, but if Asda and the Office of Fair Trading move the goal posts, small independents will be no more able to compete than were the butchers, bakers and candlestick makers before them.

The NPA has been vigorous in my defence and it is not the OFT or Asda which will determine RPM but the Restrictive Practices Court, where so far we lead by one goal to nil.

However, I do look to the front shop, and business there is still growing. And as for protocols, deregulation and staff training, I did recently receive a backhanded compliment when the question "Have you had these before?" – to a request for 12 Nurofen – was greeted with the immortal words "Why do they always ask that?"

I have survived leapfroppers, Sunday traders and super-markets. What little hair that remains may be turning grey, but there is still life in the old dog yet!





# MEDICALmatters

## SCRIPT SPECIALS

### Augmentin-Duo

Augmentin Duo 400/57 is a new twice daily formulation of Augmentin Suspension for children aged two to 12 years. It has comparable efficacy and safety to existing suspensions, but eliminates the need for a midday dose. The basic NHS prices for 35, 70 and 140ml packs are £4.15, £5.84 and £11.45. **Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.**

### Voltarol Ampoules

Voltarol Ampoules are now additionally licensed for the treatment and prevention of post-operative pain by intravenous infusion in the hospital setting. When given by IV infusion, the ampoules should be diluted with 0.9 per cent saline or 5 per cent glucose infusion solution, buffered with sodium bicarbonate. As with the IM route, the maximum daily dose is 150mg for up to two days. **Ciba Pharmaceuticals. Tel: 01403 272827.**

### Lederle product news

The side-effects section of the data sheets for Minocin 50 and 100 tablets and Minocin MR capsules now includes the information that renal failure, including interstitial nephritis, has been reported rarely with the use of minocycline. The interactions section on the data sheet for Suprax (cefixime) has been changed from 'no significant drug interactions have been reported to date' to 'In common with other cephalosporins, increases in prothrombin times have been noted in a few patients. Care should be taken in patients receiving anticoagulant therapy'. **Lederle Laboratories. Tel: 01329 224000.**

### Honvan Injection

Asta Medica is introducing a revised strength of Honvan (tetrasodium fosfesterol) Injection of 300mg/5ml to replace the current strength of 276mg/5ml. The basic NHS price for a pack of ten ampoules is unchanged at £14.95. **Asta Medica Ltd. Tel: 01223 423434.**

## Prescribe anti-epileptics by brand

Doctors have called for anti-epileptic medicines to be prescribed by named formulation rather than generic to guarantee patients a continuous supply.

This follows a study which found that up to one in three epilepsy patients who were switched between different manufacturers' versions of their anti-epileptic medication experienced problems, such as increased side-effects and more frequent or breakthrough seizures.

Anecdotal evidence has suggested that switches, either from a brand to a generic, between different generics, or even to a parallel import, cause problems, but there has been no firm evidence.

The study, involving over 1,300 people with epilepsy taking one or more of the three most widely prescribed anti-epileptics – carbamazepine, sodium valproate and phenytoin – set out to investigate the claims. Funding was provided by Sanofi Winthrop.

Over the last two years, 251 (18.7 per cent) of the study's patients have had switches in the supply of their anti-epileptic medicine, and of these 74 (29.5 per cent) reported problems.

Researchers incorporated a second phase into the study, where GPs interviewed patients reporting problems to establish if there could have been other reasons for their difficulties.

Of the 74 patients who reported difficulties, 27 were classed as 'validated problems', where the GP could find no other identifiable medical or psychological factors that could have played a part. In a further 25 cases (33.8 per cent), GPs identified other possible factors that could have played a part. The remaining patients (22) were lost to follow-up for a variety of reasons.

Dr Bill Hall, a GP from Yorkshire who was a study member, believes the actual cause of switch problems is not the issue.

"What is important is that they occur and have a serious impact on patients' lives." He says the only way, in practice, of guaranteeing patients a continuous supply of their usual anti-epileptic is to write a named formulation, rather than a generic, on the prescription, a view echoed by Dr Pamela Crawford, a consultant neurologist.

According to Dr Hall, the cost implications of such a measure are negligible, as the difference in price between branded and generic drugs in this therapeutic area is minimal.

Breakthrough seizures and increased drug toxicity can lead to lost work days, increased GP or hospital visits and even injury or death if the person is driving or swimming when they have an attack. The British Epilepsy Association suggests that these hidden costs undermine the economic incentive for generic prescribing in epilepsy.

## BBC's 'Watchdog' focuses in on Lariam

The BBC's television programme 'Watchdog' last week suggested that side-effects experienced by travellers taking Lariam for malaria prophylaxis are more serious and more common than stated on the data sheet.

'Watchdog' interviewed some holidaymakers who had experienced serious neuropsychiatric effects, such as hallucinations, depression, fits and psychosis.

The data sheet for Lariam states that in the dosage range recommended for malaria pro-

phylaxis, side-effects are rare, and Roche says that the incidence of such serious side-effects is one in 10,000, based on a study of 145,000 travellers, 53,000 of whom received Lariam.

An independent study showed no serious neuropsychiatric effects in 9,558 months of exposure (n=802) in travellers receiving Lariam for prophylaxis. 'Watchdog' highlighted the fact that one of the two major published studies on Lariam was sponsored by Hoffmann La

Roche and that there has been no independent study.

'Watchdog' suggested that travellers could begin prophylaxis more than one week prior to departure, particularly if they were receiving other medication, the rationale being that any tolerability problems would occur prior to departure. However, the UK data sheet states that Lariam should be started one week prior to arrival in a malarious region and Roche says earlier use is not licensed in the UK.

## New hope for genuine stress incontinence sufferers

Contigen Bard Collagen Implant is a new technique for the treatment of genuine stress incontinence (GSI), which has a number of advantages over the traditional invasive surgical techniques currently available.

The implant consists of highly purified bovine dermal collagen, which is injected into the bladder neck. It works by increasing the tissue bulk around the bladder outlet which allows the urethra to close tightly enough to pre-

vent urine leakage. It is indicated for GSI caused by an inadequate or non-functioning urethral sphincter and is particularly recommended for patients too old or frail to undergo major surgery, and for patients who have already failed to respond to other continence procedures.

The Contigen Implant can be injected under local anaesthetic on an out-patient or day-surgery basis, both of which are cost-effective, time-saving and popu-

lar with patients. The basic NHS price for the implant is \$250 (2.5ml syringe) and the cost of the procedure is estimated at \$900.

Bard says the pharmacist has an important role to play in the management of incontinence – identifying patients who may be at risk due to drug therapy, providing the public with information and advice, and encouraging people with incontinence to seek out help.

Customers can't get enough.



Contains Alverine Citrate

## They're choosing Relaxyl\* the pharmacy first for Irritable Bowel Syndrome.

**Relaxyl**, the first advertised OTC treatment for Irritable Bowel Syndrome, is already a success. Its uniquely dedicated IBS indication, and your professional support, has led to impressive sales growth in pharmacy and the creation of a new OTC category.

### National Advertising and PR Campaign

Continued advertising and PR, backed by a comprehensive range of educational support, will further build awareness of **Relaxyl** amongst the UK's estimated 2 million IBS sufferers.

Don't miss out. Contact your local Whitehall representative today.

**PRODUCT INFORMATION RELAXYL.** Presentation: Buff/green hard gelatin capsule for oral administration. Each capsule contains 60mg alverine citrate USNF XIII. **Uses:** RELAXYL is indicated for the relief of smooth muscle spasm of the gastro-intestinal tract in irritable bowel syndrome. **Dosage:** Adults, the elderly and children 12 years and over: 1 or 2 capsules, one to three times daily. Not recommended for children under 12 years of age. **Contraindications:** Cases of paralytic ileus or hypersensitivity to any of the ingredients. **Interactions:** None. **Special Warnings:** If symptoms persist or worsen, consult your doctor. **Side effects:** As with all drugs, allergic reactions are a theoretical possibility. **Effect on ability to drive and use machines:** None. **Incompatibilities:** None. **Use during pregnancy and lactation:** No teratogenic effects have been reported, but caution should be exercised during the first trimester of pregnancy. **Overdosage:** Hypotension and atropine-like toxic effects. **Pharmaceutical precautions:** Store in a dry place below 25°C. **Legal category:** P. **Package quantities and prices (ex VAT):** 18 capsules, £3.70. **Product Licence No:** PL0322/0072. **Date of preparation:** April 1995. **Shelf life:** 3 years. **Product Licence Holder:** Norgine Ltd., Moorhall Road, Harefield, Middlesex, UB9 6NS. **Distributor:** Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire, SL6 0PH. \*Trade Mark.

**WHITEHALL**



# COUNTERpoints

## Lemsip goes for the max

Lemsip Max Strength is a new high-strength paracetamol hot drink from Reckitt & Colman.

The latest GSL product contains paracetamol 1,000mg, phenylephrine 12mg and vitamin C 100mg. All the constituents are of a higher strength than in the original Lemsip.

The dose for Lemsip Max Strength (ten sachets, \$3.29) for adults and children over 12 years is one sachet every four hours with a maximum of four in 24



hours. The product is not recommended for children under 12.

As with other products in the Lemsip range, the packs carry a Freepost address and Freefone telephone number for the Reckitt & Colman medical information unit.

The company has also started sponsoring GMTV's weather reports with five different Lemsip animated cartoons to illustrate the five most common weather conditions.

**Reckitt & Colman Products. Tel: 01482 326151.**

## New Rennie promises rivals indigestion

Roche Consumer Health believes new Rennie will consolidate its position as brand leader in the antacid market.

The "fresher, tastier, smoother" Rennie update has a 'new' flash on its packaging and is being supported through November and December with a \$1.2 million burst of national TV and press advertising.

Roche's OTC marketing manager, Alan Main, is confident that the product will prove a success.

According to Roche's latest report on the UK indigestion market, sales of remedies grew last year by 8.5 per cent to \$54m. Rennie has a 42.9 per cent share of the \$40m tablet remedy sector and has highest brand awareness, with 70 per cent of respondents in a survey recognising the product.

The report also states that 28 per cent of buyers choose indigestion products on recommendation, largely from their pharmacist and GP.

**Roche Consumer Health. Tel: 01707 366000.**

## Pharmacy first call for mums

Half of all mums see the pharmacist as the first port of call for advice when their child is suffering from a cough or cold, according to a nationwide survey commissioned by Tixylix.

The survey of almost

1,800 mothers also found that more than a third said they would prefer to buy an OTC medicine for their child from a pharmacy rather than pay a visit to the doctor.

**Intercare Products Ltd. Tel: 01734 790345.**

## New-look Lotil creams



The Lotil range of dry skin creams has been repackaged for more effective and easier shelf display.

Fenton Pharmaceuticals has replaced the previous triangular packaging with new, slimline boxes, so more products can be put on shelves in order, says the company, to keep up with growing demand.

The different Lotil products have also been colour-coded, with

Original Formula Cream (50ml, £2.35) featuring a blue and white logo and English Weather Cream (50ml, £2.49) using red and white.

The 28g tubes of Lotil Original (£1.59) are still available for sale at pharmacy counters in their traditional brown and white packaging.

Fenton has also developed new shelf talkers for the range. **Chemist Brokers. Tel: 01705 219900.**

## Numark's touch of the vapours

Numark has released the first products available under its new 'Ten-to-One' loyalty scheme.

Numark pharmacists will receive their first cases of the new Numark Vapour Rub and Ibuprofen 400mg 48s with a 10 per cent retrospective discount, in addition to their 5 per cent retrospective entitlement as shareholders.

The Vapour Rub retails at \$1.55 for a 45g jar and promises a 31 per cent POR.

The Numark Extra Strength Ibuprofen is also backed by a special price promotion through November and December, retailing at \$4.19.

**Numark Ltd. Tel: 01827 69269.**

## Bazuka fires millionth pack

In November, the Dendron warehouse will despatch the millionth pack of Bazuka Gel and the company is celebrating this milestone with a pharmacy prize.

The display outer containing the millionth pack will carry a special gold label and the pharmacist who receives it will win a weekend break at a health farm.

Bazuka was only launched six months ago, but, Dendron claims, the verruca, wart, corn and callous treatment has already become market leader, with sales currently growing at an estimated annual rate of 47 per cent.

**Dendron Ltd. Tel: 01923 229251.**

## Nappytape gets stuck in

The Nappytape Company says it has come up with a product that parents will be crying out for – spare sticky tape for those disposable nappies that refuse to fasten or come unstuck before they need changing.

Nappytape, unveiled at the Baby and Child Fair, London, in October, has been developed by adhesive specialist Technibond of High Wycombe. It is a derivative of one of the company's double-sided tapes, with the acrylic adhesive specially adapted to give 'high tack' on difficult surfaces and designed not to dry out, either in application or storage.

The tapes also

incorporate a thin, flexible tissue membrane, which gives close, secure fitting over irregular surfaces, and fingerlift liners for quick and easy removal.

Nappytape retails at \$0.99 for a pack of 24 and display cartons are available to pharmacists containing 150 packs.

The Nappytape Company is backing the product's December 1 sales launch with a PR campaign, direct mail and advertising in leading baby magazines. It has also undertaken to make a donation to the BLISS (Baby Life Support Systems) charity for each pack sold.

**The Nappytape Company Ltd. Tel: 01494 439352.**

## Philips takes the hassle out of life

As part of its pre-Christmas promotional campaign, Philips DAP is introducing a 60-day satisfaction money back guarantee across all its products.

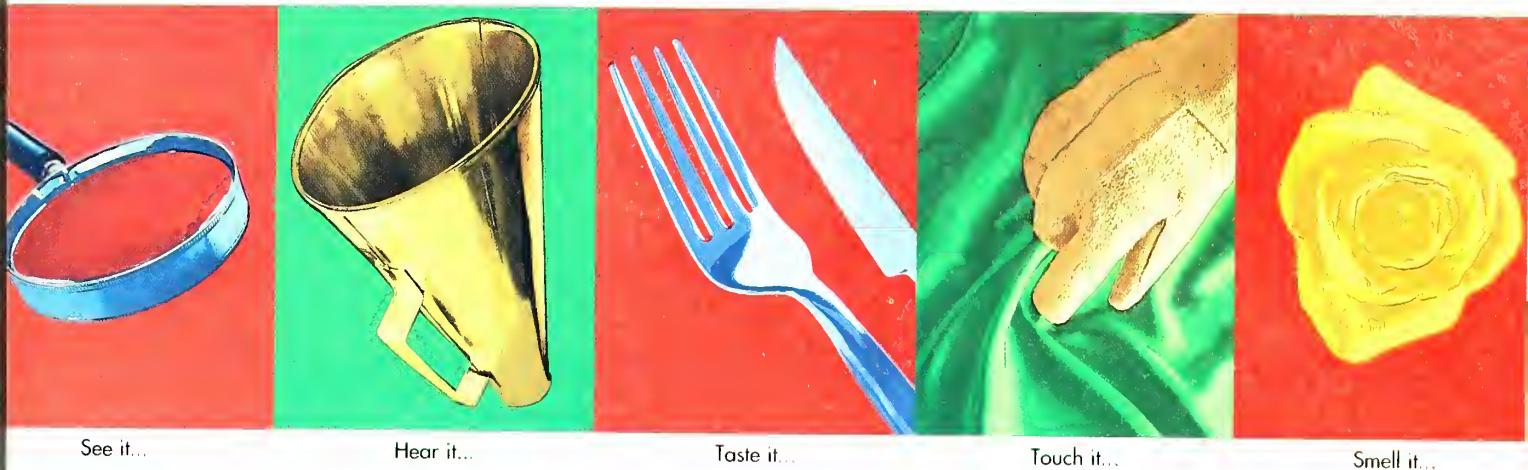
The offer applies to all purchases made between

November 20 and December 31. A full refund can be claimed if the appliance is returned in its packaging with till receipt and a completed promotional coupon.

**Philips DAP. Tel: 0181 689 2166.**



a **NEW** experience for the senses



from the No.1 in indigestion relief

*Smoother Texture*

**Scratch and sniff  
sample card**



*Mintier Flavour*

*Fresher, more  
appealing taste*

**THE BEST - JUST GOT BETTER!**

Fast, effective Rennie is now available with a new, smoother, cleaner, mintier, fresher taste. Rennie is the most popular antacid remedy in Britain - used by more people than any other brand - and it's **NOW EVEN BETTER...**

**Roche**

**Roche Consumer Health**

P.O. Box 8, 40 Broadwater Road, Welwyn Garden City AL7 3AY

DIGESTIF RENNIE (Calcium Carbonate, Magnesium Carbonate) EACH TABLET CONTAINS: Calcium Carbonate Ph. Eur 680mg. Heavy Magnesium Carbonate Ph. Eur 100mg. Also contains sucrose, glucose and saccharin. INDICATIONS: For the treatment of acid indigestion, heartburn, nervous indigestion, acidity, flatulence, upset stomach, dyspepsia and biliousness. DOSAGE: Adults including elderly persons: two tablets to be sucked or chewed as required. Repeat whenever discomfort is felt to a maximum of sixteen tablets a day. Children: Not recommended for children under 6 years. 6-12 years - one tablet as required up to a maximum of 8 tablets a day. CONTRAINDICATIONS: None. INTERACTIONS: Antacids may impair the absorption of other drugs, eg. iron, tetracyclines, and vitamins, if taken concomitantly. SPECIAL WARNINGS AND PRECAUTIONS: In cases of renal impairment the product should only be used on medical advice. COST (EX VAT): 12 tablets 57p, 24 tablets £1.01, 48 tablets £1.56, 96 tablets £2.32. STATUS: GSL. Digestif Rennie Peppermint flavour. PL 0031/0350 Digestif Rennie Spearmint flavour. PL 0032/0051



# Pharmacists urged to be more Chic

Chefaro UK has launched what it describes as a "new concept in pharmacy support" to promote sales of its Pierre Fabre toiletries.

Pharmacists are being invited to join the Chefaro CHIC Club, where, in return for signing up to participate in a year-long series of promotions for Elancyl and Klorane products, they will receive a range of sales support.

As part of club membership, pharmacy staff will receive sales education from Chefaro territory managers and regular training, newsletters and meetings.

The first and second sales promotions will focus separately on



Elancyl and Klorane products and feature POS material and promotional pre-packs. The third, which will run in mid-1996, will be designed to encourage multiple consumer purchases across both ranges. In conjunction

with this, Chefaro will give pharmacists local advertising support, with territory managers and trainers available for advice on the best use of local newspaper opportunities.

**Chefaro Proprietaries Ltd. Tel: 01223 420956.**

## Tempting them with talc this Christmas

Talc is being given away by International Classic Brands to lift sales of the Je Reviens fragrance range this Christmas.

The special offer covers 30, 50 and 75ml eau de toilette sprays of the perfume, with purchasers of all these sizes receiving a free 100g talc.

International Classic Brands is running the promotion through December and offering retailers special pre-packs containing 24 items each of the sprays and talcs.

"Gifts with purchase have been used for a long time by the more expensive fragrance houses," says ICB's marketing manager Philippa Varney.

"By offering this with lower-priced line fragrances we are maintaining exclusivity, while offering customers a very good reason to buy."

A 30ml Je Reviens edt spray retails at \$9.50 and a 100g talc will sell for \$5.25.

**International Classic Brands. Tel: 0181 579 5535.**



## Grabbed by the Throaties

Throaties medicated pastilles are being offered with a 25 per cent bonus promotion.

The 35g for the price of 28g offer is flashed on-

pack for all variants: Original, Blackcurrant, and Lemon Honey and Menthol.

**Ernest Jackson & Co Ltd. Tel: 01363 772251.**

## Energizer multipack

Every Ready has brought out the first multipack for its AAA Energizer range.

It contains eight of the long-life alkaline batteries and is aimed at heavy users who want to keep a stock at home.

"Demand for the AAA battery has been fuelled in recent years by the increase in appliances using this size, such as cameras and remotes," says Ever Ready marketing manager Deborah Cutler.

**Ever Ready Ltd. Tel: 0181 882 8661.**

## Kodak's festive snapshots

Kodak Processing is continuing its £1 million 1995 marketing campaign with two pre-Christmas promotions.

One extends the 'Smile' special offer, which gives consumers £1 off 13 x 7in prints. This runs until mid-November. In the other, Kodak offers six reprints for the price of four. This applies to gloss or lustre 4in prints only, with an unchanged service time.

**Kodak Ltd. Tel: 01442 61122.**

## Extra II campaign

Wilkinson Sword has launched a \$500,000 national press campaign aimed at putting its Extra II razor range "at the top of the \$50 million disposable market".

The advertising is targeted at the 16-44 age group and includes \$0.25 vouchers.

**Wilkinson Sword Ltd. Tel: 01494 533300.**

## ON TV NEXT WEEK

**Clairol Ultress:** GTV, C, A

**Imodium:** All areas

**Nurofen Cold & Flu:** All areas

**Pepcid AC:** GTV, Y, A, HTV, W, M, LWT, TT, C4

**Radian B:** All areas except CTV, LWT, CAR GMTV

GTV Grampian, B Border, BSKyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

**ON TV** is a free service to manufacturers and their agencies to allow them to inform community pharmacists when and where brands in their portfolio are being advertised on television. To have a brand listed in 'ON TV' please contact C&D editorial secretary Jan Powis on 01732 364422 ext 2487 for an 'ON TV' form

Product Information: Nurofen 400.

Each tablet contains 400mg Ibuprofen BP

Indications: Effective in the relief of

headaches, cold and 'flu symptoms, rheumatic

and muscular pain, backache, fever, migraine,

period pain, dental pain and neuralgia.

Dosage and Administration: Adults and children

over 12 years: Initial dose 1 tablet, then if

necessary 1 tablet every 4 hours. Do not

exceed 3 tablets in any 24 hours.

Precautions and Warnings: As with some other

pain relievers, Nurofen 400 should not be

taken by patients with a stomach ulcer or other

stomach disorder or hypersensitivity to

ibuprofen. Patients receiving regular

medication, asthmatics, anyone allergic to

aspirin, and pregnant women should be

advised to consult their doctor before taking

Nurofen 400. In normal use, side effects are

very rare, but may occasionally include

dyspepsia, gastrointestinal intolerance and

bleeding, and skin rashes. Not recommended

for children under 12. If symptoms persist for

more than 3 days, patients should be advised

to consult their doctor.

Product Licence Number: 0327/0035

Licence Holder: Crookes Healthcare Limited,

Nottingham, NG2 3AA Legal Category: P.

Price: Nurofen 400 24's £4.49.

Date: June 1995.

Reference: 1. Busson, M., J. Int. Med. Res.

1986, 14, 53.

# NUROFEN

Contains ibuprofen



*'Tony Hanks tackled  
me, and I must've  
twisted my back  
when I went down!'*

**'TAKE NUROFEN 400'**

Unlike paracetamol, Nurofen combines effective analgesia with anti-inflammatory properties; compared to aspirin, it's gentler on the stomach<sup>1</sup>. That makes it ideal for backache and other soft tissue problems. And Nurofen 400 makes sure a full 400mg dose is delivered with only one tablet.

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER







New Canesten Combi brings together in the same pack all your customers need for thrush: a pessary and a cream. It also gives you all you need: another exciting opportunity. Because Canesten Combi comes with excellent PORs and a complete support package. It includes a massive consumer advertising campaign, extensive POS and a full

**Canesten® Combi Prescribing Information Presentation** A combination pack comprising one Canesten 1 Pessary (containing 500mg Clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1.0% Clotrimazole BP). Canesten 1 Pessary is a convex, white pessary measuring 25mm x 6.5mm x 10mm and is marked 'Bayer' on one side and 'MU' on the other. **Uses** Pessary for candidal vaginitis; cream for associated vulvitis and to treat the sexual partner to prevent re-infection. **Dosage and Administration Adults** The single pessary should be inserted, preferably at night. Using the applicator provided, the pessary should be inserted as deeply as is comfortable into the vagina. This is best achieved when lying back with the legs bent up. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Children** As Canesten 1 Pessary is used with an applicator, paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Warnings and Precautions** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before using the pessary or cream, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months; previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal anti-fungal products. Canesten 1 Pessary and 1% cream should not be used if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects** Rarely patients may experience local mild burning or irritation immediately after applying the cream or inserting the pessary. Very rarely, the








clotrimazole

# Canesten<sup>®</sup>

*It's all I need*  
in thrush treatments

range of educational material for your customers and staff. Our research shows women are enthusiastic about new Canesten Combi. So make sure they'll find it on your shelves – and please recommend it to your customers.

patient may find this irritation intolerable and stop treatment. Hypersensitivity reactions may occur. Use in Pregnancy In animal studies, clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental oral ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Store below 25°C. **Legal Category** P. **Package Quantities and Basic NHS Cost** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary and a patient information leaflet are included. £4.25. **Further information** Nil. **Product Licence Numbers** Cream 1% 0010 0016R; 500mg Pessary 0010 0083. **Further information available from:** Bayer plc, Pharmaceuticals Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 56000. **Date of Preparation:** July 1995 © Bayer plc, July 1995 © Registered trademark of Bayer AG. Bayer and  are trademarks of Bayer AG.



## Efalex for dyslexia

Efamol has introduced a patented nutritional supplement for dark adaptation in dyslexics. Efalex is only available on a mail order basis and costs £19.50 for 240 capsules. The recommended dose is eight capsules daily for the first three months and four daily as a maintenance dose. A helpline (01703 634343) can be contacted during working hours. **Efamol Ltd. Tel: 01483 304441.**

## Fragrant Memories

Fragrant Memories has bought Nature's Scents, an Isle of Wight company, which makes pot pourri, fragrant wooden products, air fresheners and scented drawer liners. **Fragrant Memories Ltd. Tel: 01342 313206.**

## Wella goes gold

Wella Liquid Hair has won best new hair care product for 1995 in the *New Woman Beauty Awards*. **Wella GB. Tel: 01256 20202.**

## Vantage advantage

AAH Pharmaceuticals is extending its Vantage range of toiletries to include Cocoa Butter Body Lotion 300ml pump pack at £2.49 (POR 50 per cent). It is also distributing thousands of free samples of Hydrocortisone Cream to members. **AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

## Unichem vits

Unichem has launched a three for two offer on its range of own-brand vitamins and supplements. Pharmacists ordering five or more cases from a selection of eight products can qualify for a 25 per cent off trade discount. **Unichem plc. Tel: 0181 391 2323.**

# Pocahontas for style

Lady Jane is latching on to the success of the latest Disney blockbuster with a Pocahontas hair accessory range.

The pale blue and pink bandeaux, scrunchies and slides are merchandised on a Pocahontas card and feature a small badge with a picture of the film's heroine.

Laughton & Sons has also launched the Lady Jane autumn/winter collection of hair accessories. These follow the latest fashion trends, with ethnic styles to the fore and colours including camel, browns, golds, velvet black and green. **Laughton & Sons Ltd. Tel: 0121 236 9501.**

## Neutrogena freebie goes on trial

Neutrogena is running a winter promotion to encourage trialling.

A giant on-counter tube of Norwegian Formula Hand Cream, containing 60 free trial-size sachets, is available, together with a Lipcare Bowl, which can hold up to 24 sticks.

The promotion will be backed by a \$1 million national TV campaign from January. **Neutrogena (UK) Ltd. Tel: 01628 822222.**



## Toothsome price promotion

Colgate has unveiled a range of price promotions aimed at "driving up the rates of sale" through November.

At Unichem, the company's toothpaste will be sold at bonus prices to the end of the month, with the offer covering 100ml pumps, 100ml lay down tubes and 50ml tubes.

At the same time, Barclays is selling the Colgate Diamond Head toothbrush at a promoted price, and is running money-off offers on Colgate Plax mouthrinse and Ultrabrite toothpaste.

The deal on the latter includes a 50ml twin-pack, with one tube at half price.

Numark is also in on the November promotion, offering special prices on both Colgate toothpaste and the company's Total, Zig Zag and Duo Action toothbrushes.

**Colgate-Palmolive Ltd. Tel: 01483 302222.**

## Natural look knocks back cosmetics

The continuing trend towards the 'natural look' will hold back sales of cosmetics for the next few years.

This is one of the main conclusions of the latest Key Note Market Information report on the sector.

According to the report, 'Cosmetics and Fragrances', total sales in the cosmetics market in the year to June were around \$503 million. Over the next couple of years, this figure is predicted to grow by a mere 1.5 per cent a year – rising to \$514m in 1996 and \$522m the year after. At the same time, volume sales are forecast to remain static or fall as women opt for better-quality products.

Another prediction from Key Note is that women's fragrance sales will fall from \$367m in 1995 to \$355m next year and \$350m in 1997. The depression in the market is attributed to the absence of 'feel-good factor' and is expected to lead to more discounting.

"This will mean more women will choose to buy their perfume at the supermarket," says the report.

On a brighter note, it states that spending on male fragrances will rise over the next two years, although only marginally, with the total market worth \$217m in 1997 compared to \$216m this year.

It is also predicted that shared fragrances will gain market share and that more will be launched in the near future.

'Cosmetics and Fragrances' is available at \$185.

**Key Note Market Information. Tel: 0181 783 0755.**

## MARKETING

# What goes in must come out again

**Manufacturers are keen to quote market share, but all may not be what it seems, says Louise Thornton of Self Medication UK**

Self Medication UK at IMS provides OTC healthcare market data to the industry by collecting sales data.

Firstly, the company measures sales from the wholesaler into the pharmacy, and then sales out of the pharmacy to the consumer. In stable, non-seasonal markets, the sales of products out of the retailer will generally reflect the sales in. However, that is not always the case, and a degree of care is needed in interpreting the statistics.

With very seasonal areas – for example, the hayfever market – there

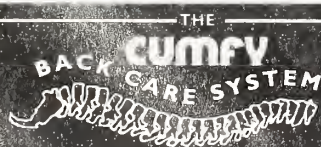
will be considerable differences in the amount of product moving in and out of the pharmacy at various times in the year. Early in the year, companies are actively selling in brands, attempting to gain their share on-shelf. The top three brands this year, in terms of 'selling in', were Triludan, Piriton and Beconase Hayfever.

When looking at 'sales out', the picture is slightly different with the order being: Triludan, Beconase Hayfever and Piriton. Piriton did not 'sell out' of the pharmacy at the same level at which it was sold in, so

there there will be a higher than average stockholding for the brand in the trade.

Self-Medication data confirms this: stockholding for the hayfever market was 2 per cent down at the end of the season in August, compared with last year, whereas stocks of Piriton were up 16 per cent compared with a year ago.

The message is clear. Manufacturers must provide effective marketing support to ensure product is pulled through the trade into the hands of the consumer. (Source: IMS/Nielsen)



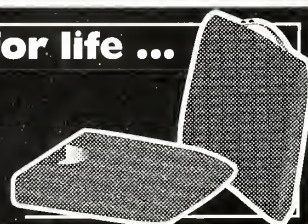
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For a long time, I have made available form HS154 (pre-payment prescription application) in my pharmacy as some people found it difficult to get this from their sub-post office.

I found it a simple matter, when I was posting my prescription forms to the Central Services Agency for pricing, to pick up a bundle at my local general post office.

It is with amazement and outrage that I received a directive at the end of October to tell me that it had been agreed on my behalf by the Pharmaceutical Contractors Committee that I should now purchase and process pre-payment certificates, and the money for these would be deducted from my NHS payments!

For my work in collecting this tax, processing and collating the information, and for keeping records of them, I would receive the princely sum of £1.00 per form!

I know of no one – certainly no civil servant – who would accept this derisory payment for this extra work, or is the scheme another way to make pharmacy finance the NHS and at the same time reduce secretarial staffing at the CSA?

May I ask by what right the additional burden of work is put on me without my representatives referring it back to me?

It is bad enough to be treated with contempt, and more and more be demanded from me for less and less reward by our paymasters, but it is totally demoralising to have this burden put on us by the representatives who are supposed to look after our interests.

**D H O'Donnell**  
Londonderry

## Two simple questions ...

Can any of your readers inform my colleague and myself what we are now supposed to do with seven redundant brands of oral contraceptive tablets, currently occupying valuable dispensing space?

Secondly, will it be a prerequisite for supermarket check-out staff to ask relevant questions when cashing through sales of ibuprofen tablets?

**M Freeman**  
Castleford  
**M Stevens**  
Leeds

## Clashing views on value of losartan in hypertension

I am writing with regard to an article in *Chemist & Druggist* (October 28) on the new antihypertensive, Cozaar.

The article, based on a report in the *Drug & Therapeutics Bulletin*, does not take into account the fact that the data/file submitted to the UK licensing authority was sufficiently powerful that it saw fit to license this new agent for the first-line treatment of hypertension. This is relatively unusual for a new antihypertensive.

The same point addresses the suggestion made by the *D&TB* that losartan be limited to non-responding patients who have failed on other therapies. The licence granted to Cozaar shows that the Medicine Control Agency experts do not share the view of the *D&TB*. The MCA has not limited the usage of losartan to particular categories of patients.

It is always the case that the clinical knowledge surrounding a new agent is less than that for established drugs. However, the clinical work submitted to the MCA reviewed efficacy and safety of losartan in more than 2,900 patients.

In addition, there is currently data on its usage in more than 200,000 patients worldwide. All of these data are consistent with losartan being a highly-appropriate antihypertensive therapy.

**Dr Paul Robinson**  
Clinical research physician,  
Merck Sharp & Dohme

## Try an independent!

**Xrayser** (*C&D* October 28) yearns for the days when wholesalers' staff were personally known to him.

I feel sure that were he able to make contact with an independent wholesaler, he might discover that most of the attributes he longs for are still available. Certainly, if he is in our operational area, we would welcome the opportunity to prove it! All he has to do is get in touch.

I can't promise 90 days' credit or terms that differ markedly from our national competitors, but he will receive a personal service from a 'user-friendly' wholesaler that has built its reputation on being just that.

**Ian Crimp**  
Marketing/sales manager,  
Graham Tatford & Co



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\* Source: Sheffield University Medical School 1998



# PROVING THE SEARCHING POWER OF TWO

**Having a research pharmacist has enabled the Stanley branch of Dixon & Spearman to carry out some forward-thinking ideas.**

**Adrienne de Mont talks to Noel Dixon and John Hall, who came third in last year's Glaxo Pharmaceuticals UK/-C&D Community Pharmacy Award**

For the past four years, Noel Dixon, managing director of Dixon & Spearman, has appreciated the benefits of a second pharmacist, John Hall, who spends a third of his time carrying out research projects with a view to expanding the services that the pharmacy is able to offer.

They share the philosophy that research is a vital component of community practice and that having two pharmacists per pharmacy is the way forward.

The idea goes back to when Noel took a diploma in clinical pharmacy at Sunderland, which, he says, changed his life.

"I thoroughly enjoyed the freedom and contact with other people," he says. "It opened my eyes to what community pharmacy could be like."

He had become jaded with working from 8.30am-7.00pm at the same place for nearly 20 years and doing the paperwork in his spare time. The business had grown sufficiently to need a second pharmacist and there was increasing pressure – both within and outside the profession – for research to back pharmacists' claims that they had a unique and valuable part to play in the health service.

He had known John socially and as a lecturer at Sunderland

and decided he would be an ideal person to join the Stanley branch of Dixon & Spearman. John had some experience in community pharmacy, but had spent the previous 14 years within a hospital practice.

In his present job, he has been involved with a wide variety of projects. He tries to get funding for as much of the research as possible, either from grants or by winning awards. He won the Sir Hugh Linstead Fellowship in 1991 for a feasibility study of whether anticoagulant clinics could be run from centres other than hospitals. This was followed by a grant from the Department of Health for research into a service based at a health centre near Sunderland (C&D September 23, p434). The local authority is now inviting tenders for someone to run it on a regular basis. While John believes that this type of service could be carried out from community pharmacies, he has put in a bid to continue it from the health centre.

His interest in anticoagulant services has now extended to Germany, where he went recently as a part of last year's UK Clinical Pharmacy Association's Zeneca Award.

Dixon & Spearman in Stanley

was the first winner of the community pharmacy section of the Glaxo/PJ Pharmaceutical Care Award. It also won the Glaxo-UKCPA's best community pharmacy poster award in 1994 for work in helping to implement a medicines policy for schools, and the 1992 Evans Medical Clinical Pharmacy Research Fellowship for a study of co-analgesic use in the home.

The next project, being carried out with Patricia King of M&M Pharmacies in Bishop Auckland,



Noel Dixon (left) and John Hall share a research philosophy

will investigate how pharmacists can help the elderly with medication at home. The idea is to identify a carer in the family, or the home help, who will act as the go-between for people over 70

taking more than three medicines a day.

Says Noel: "Often we don't communicate directly with patients because they are housebound, so we are never sure if the carer has relayed messages correctly."

The funding for this research is coming from the local health commission through its social services budget.

"The commission is always interested in good ideas and will try to find money for them if there's an end-point worth progressing and possible savings from pharmacy involvement," explains Noel. "But it's difficult for isolated pharmacists to get started and they could do with some central support. For example, if the local pharmaceutical committee was able to fund a

locum to help groups of single-handed pharmacies."

The aim of all their research is to set up useful patient-orientated services which would have to be properly funded.

"It's one thing doing unpaid research voluntarily because you're interested in a particular project or because you see it as a back-up to your basic service. But if it stops you doing your main job, it's a different matter. That's why, if we were to implement a service as a result of our research or if someone insisted the service must be a formal part of our job, we would want to be paid for it."

## The pharmacy

Dixon & Spearman was started in 1952 by Noel's father. The first branch was in Peterlee, where Noel worked after graduating from Robert Gordon's Institute of Technology in 1972. There are now five branches in County Durham and Newcastle. The Stanley branch was set up 20 years ago and moved last year to the town's oldest building, the previous home of an organ maker and, most recently, a dress shop.





The building was gutted and rebuilt in four months. As most of the business is dispensing, Noel and John did not want the dispensary relegated to the back of the shop. An open dispensing area runs almost the whole length of one side, separated from the shop by a curved medicines counter and giving a clear view over the rest of the pharmacy. Prescriptions are taken in at the front end of the counter and the dispensed medicines handed out in a quiet area at the back, where there is

also a consulting room if total privacy is needed.

This room is used for diagnostic services, such as pregnancy testing and blood pressure monitoring. The latter service is free, but there is not much demand for it.


"It's useful if someone describes certain symptoms or needs reassurance about their blood pressure, and one or two people come in regularly because

*Continued on P698* ►





Stanley: the pharmacy is in the oldest building in town


CHEMIST & DRUGGIST 11 NOVEMBER 1995










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◀ Continued from P697

it's more convenient than going to the doctor. If the service started to take up a significant amount of our time, we might have to charge for it," comments Noel.

Stanley has 30 per cent male unemployment, some of it going back three generations to pit closures long before the recent recession. There is also a high proportion of retired people. As 85 per cent of the pharmacy's prescriptions are exempt from charges, customers obtain most medicines on prescription rather than over the counter.

Nevertheless, medical items account for most of the OTC sales and a large area is devoted to surgical goods and continence aids. A once-prosperous cosmetics and toiletries business has been eroded by supermarkets, so Noel keeps only a minimal range of toiletries and has abandoned cosmetics altogether. But he still stocks greetings cards and a range of quality ceramic giftware because the margins are good.

He is surprised – as Stanley is a poor area – how many people wanted to buy expensive items, such as glucose monitoring equipment, after the pharmacy set up a drop-in advice centre during the Diabetes Awareness Week. They picked up a couple of



At the prescription counter for Dixon & Spearman (left to right): Vera Crooks, Joan Lowden, Jean Snailham, Kathleen Wardman and Sandra Beckham

poorly-controlled diabetics and a woman who did not realise she had the condition.

They hope to develop this service, particularly for non-insulin dependent diabetics who might be missing out on intensive supervision given to those on insulin.

A similar drop-in clinic was offered during Asthma Week, when people were invited to attend if they were worried about asthma or had inhaler problems.

The other Dixon and Spearman directors are Terry Spearman and Noel's sister, Jacqui Parkin. Jacqui manages the Lowfell branch and is the pharmacist member of Gateshead Family Health Services Authority.

Terry, who works at the Wickham branch, has been working on a quality assurance manual to enable the company to conform with BS5750 requirements. The manual lays down procedures for handling goods and running the shops. As yet, dispensaries are excluded, although prescription handling procedures are covered.

## Youth work

The judges in the Glaxo Pharmaceuticals/C&D Community Pharmacy Award praised Dixon & Spearman for its novel work in the community, particularly with local youth groups, on health promotion.

A couple of years ago, the branch's preregistration graduate involved a local youth club in a quiz to support Drinkwise Day and received 600 entries. Another prereg organised a colouring competition for primary schools on No Smoking Day, when the pharmacy regularly holds a carbon monoxide monitoring clinic.

Noel's wife is a primary school teacher who, at one time, had as many as 12 asthma inhalers to supervise at lunchtime. At first, there was no medicines policy in the local schools and Noel helped with the difficult task of implementing one.

"Bought medicines are not allowed in the schools, but teachers do not have the medical understanding to prevent children bringing in products such as Panadol and Venos, which are not usually essential. They have to rely on verbal instructions from parents or even the chil-

dren. Under the policy, essential prescribed medicines must be supervised and recorded, which is again left to the teachers or secretaries, as the school nurses are swamped with other duties.

"There's a definite role for pharmacists here, and the funding is available to make it work as schools have a budget for further education. They can hold training days in which they pay people to give talks on various topics, so I see no reason why health education should not be included."

An Asthma Task Force survey in schools also highlighted a huge demand from teachers for education on asthma. As a result, an asthma policy was set up giving further guidance, but again this needs to be supervised by someone with expert knowledge.

Noel has suggested to the National Pharmaceutical Association that this is an area where pharmacists could be paid from local budgets.

## The future

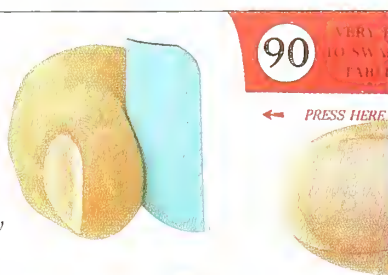
Noel and John give high priority to offering a personalised service to patients and have built up good relationships with local GPs. John likes the way his job is more patient-orientated than it was in hospital.

"But the benefit of being a hospital pharmacist is that you have someone to bounce ideas off. There is always a professional colleague you can discuss things with. I think it is professional isolation that has caused a lot of problems in community pharmacy," he says.

For the future, John believes it will be virtually impossible for pharmacists to expand their role single-handedly.

"I can't see a business being viable if it has only one pharmacist who has to be in the dispensary all the time," he warns.

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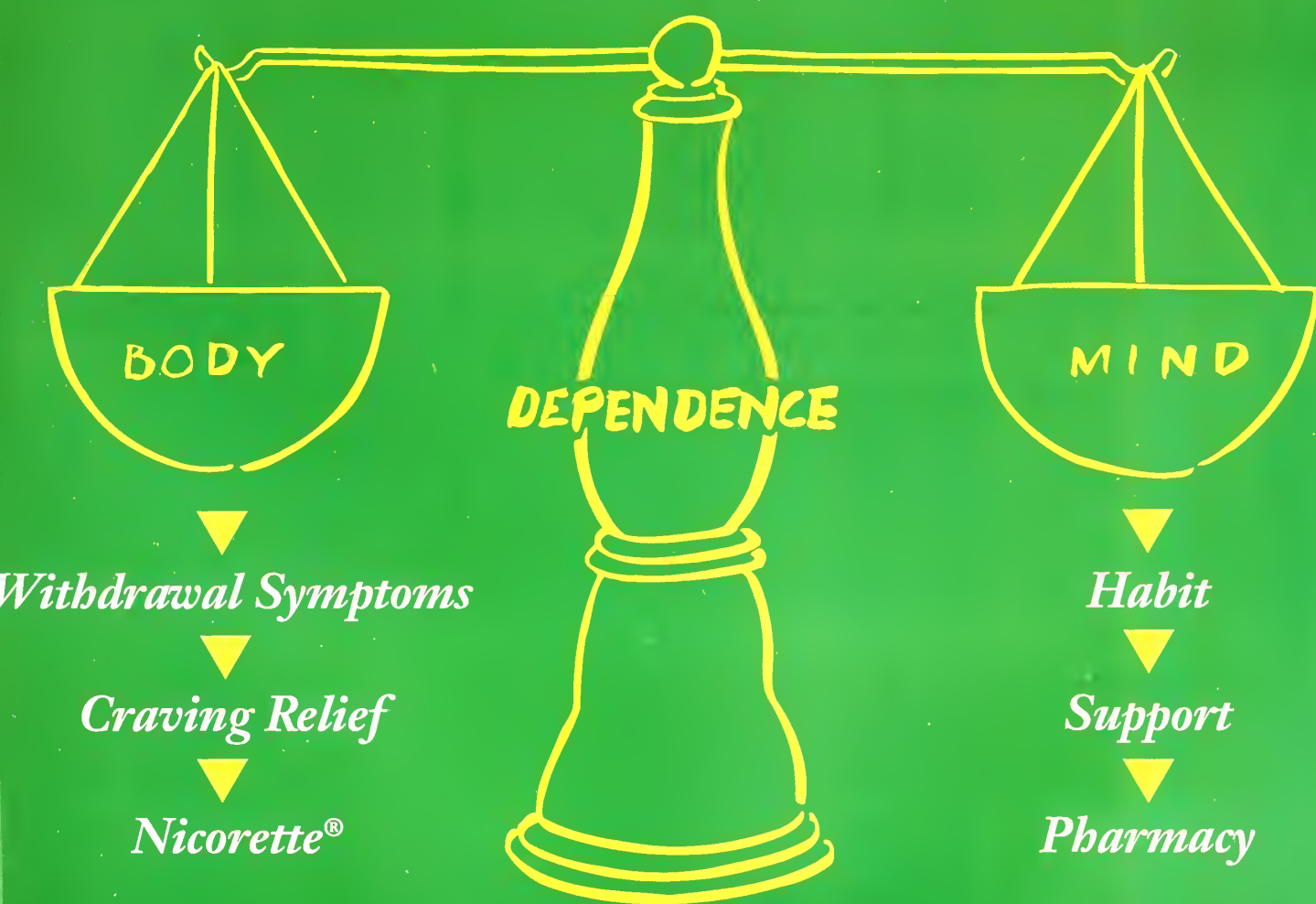


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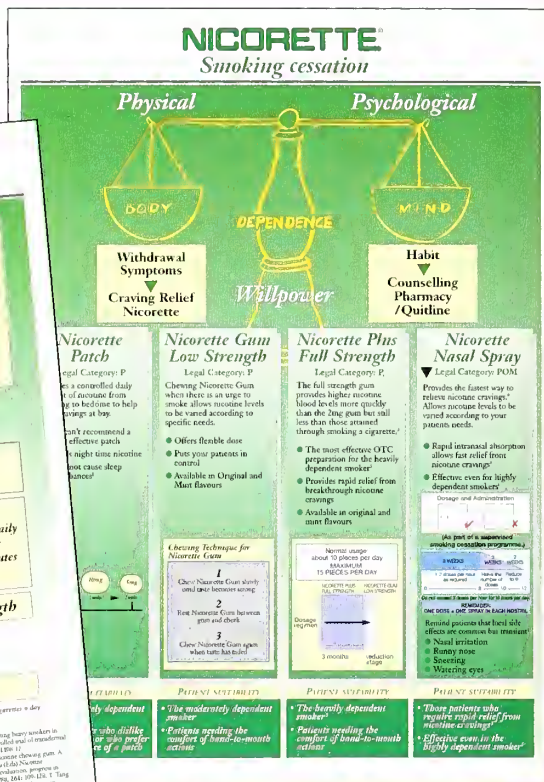
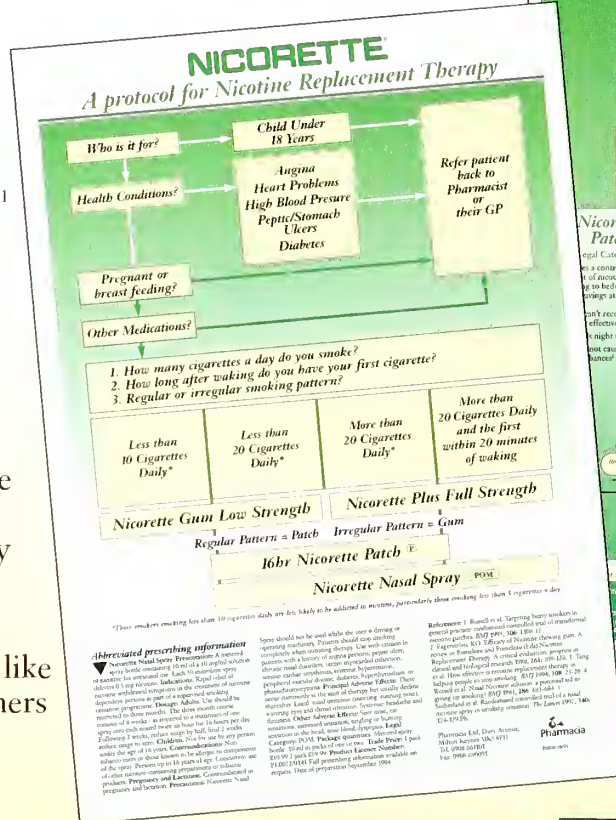
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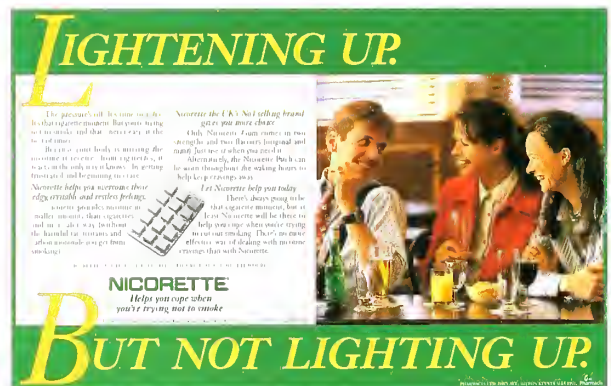


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# Be better businessmen

**Delegates attending the ninth annual National Pharmaceutical Association North West Conference, held last weekend in Warrington, were told by their chairman that they must adapt to the changing world of pharmacy and become more businesslike or face a bleak future**

'The business of our profession' was the theme of this year's National Pharmaceutical Association North West Conference.

NPA chairman Wally Dove advised delegates of "the need to become more businesslike about our profession". He warned: "If we cannot adapt, the future will be very bleak."

Ann Lewis, president of the Royal Pharmaceutical Society, urged pharmacists to determine what that future should be by responding to the recently launched 'Pharmacy in a New Age' consultation exercise.

"As a profession, we need to take a strategic view of the future. We need to define exactly what visions we have and look beyond the present to how health services are developing," she explained. She also urged delegates to maximise their opportunities.

The consultation will conclude in April, 1996. Opinions will be collated and then fed back to the members as a whole. By September, the Society will have a strategic view, which may involve several patterns of provision, she told the conference.

"Without doubt there will be pharmacies of varying types in the future," she predicted; community pharmacies in suburban areas, pharmacies in out of town



**NPA Board chairman Wally Dove**

centres, and pharmacists in group practice premises.

Ms Lewis also addressed many of the topical issues in the retailing environment. On the subject of resale price maintenance, she assured the Association's membership that the Society would strive to convince all concerned that the original decision of the Restrictive Practices Court was as relevant now, if not more so, as it was in 1970.

However, if RPM went, she forecast that the number of applications for a change of classification from P to GSL would rise dramatically as manufacturers saw the need to fight to preserve the market share in each sector.

"Pharmacists must convince the regulators by our actions that there is a real benefit to public health in confining distribution of many medicines to pharmacies because sound, unbiased advice is actually given when these medicines are requested," she said.

With regard to the granting of temporary GSL status to ibuprofen, Ms Lewis reassured pharmacists that, as a result of action by the Society, there was now a new procedure in place, which would ensure that there were no further switches without prior consultation. She added that these switches were, for the most part, supplier driven, not consumer driven.

In her closing remarks, Ms

Lewis observed that "the questions for us all were: how could we chart our future to build on these undoubted strengths, and how could we avoid inter- and intra-professional rivalries?"

## Patient benefit

"Patients would benefit from a closer working relationship between GPs and pharmacists," said Dr George Rae, a GP and member of the British Medical Association Council. "Many GPs and pharmacists are already interacting on an *ad hoc* basis, but to move forward requires a more structured approach."

"It is a waste of expertise for pharmacists to just dispense," he said, suggesting extended roles for pharmacists in improving compliance, monitoring side-effects and developing formularies with GPs. However, as he pointed out, "currently pharmacists have no incentive to get involved in rational prescribing as payment is per item".

Concluding his presentation, Dr Rae told delegates: "We've got to find time to work together to deliver a quality prescribing service. LMCs and LPCs working more closely would allow more discussion and input."

Rejecting a suggestion from the floor that as a "big boy at the BMA, he should know how pharmacists were remunerated", Dr Rae said he had come to speak about quality collaboration and co-operation and the opportunities that existed on both sides.



**The BMA's Dr George Rae**

## Practical advice

● Offering advice to pharmacists who want to make the most of purchasing opportunities in the new NHS, Alison Saltrese-Taylor, Somerset Family Health Services Authority, summarised her strategy with three points: identify customer needs; establish what you can achieve; and take the challenge. And the strategy shouldn't be in tablets of stone, but be like plasticine, enabling it to be reshaped to meet customers' varying needs.

She advised them of the criteria which purchasing authorities use to commission services: need, access, quality and cost.

● Shirley Williams, assistant director for social services for adults in Stockport, outlined some future roles for pharmacists in community care, including: advice and support to vul-



**Alison Saltrese-Taylor**

nerable people and their carers; involvement in the assessment of medication needs, particularly compliance; and providing training to social services' staff about medication issues.

On payment, she said that money made available to local authorities under the Community Care Act was to pay for people's care. "Medication is a health issue and social services paying for it is cost-shunting." Joint funding was the only way of moving forward.

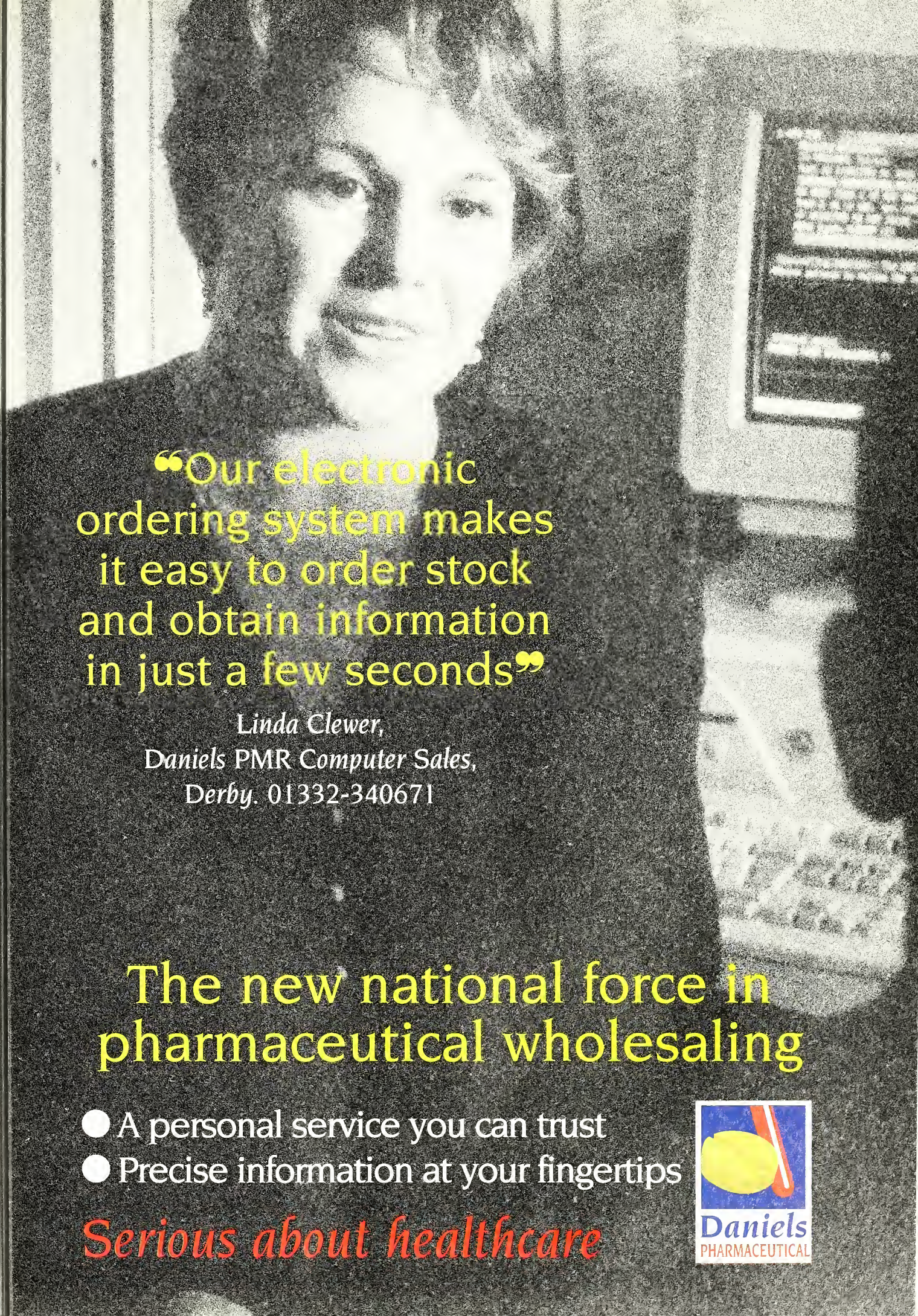
● There is little hard evidence of the vital role community pharmacy plays in primary healthcare. Norman Evans of Merton, Sutton & Wandsworth FHSA has obtained £100,000 funding for a study to investigate the cost-effectiveness of community pharmacy. He will compare patients' outcomes, prescribing data and OTC sales in 60 pharmacies with consultation areas against 60 controls with no consultation area.

It was expected that increased pharmacy consultations would reduce GP consultations and prescriptions, with potential savings to the NHS of £880 million.



**Succession is often a crisis point for family businesses. Jeff Parr, a senior tax partner at BDO Stoy Hayward, explained how some forward-planning and communication with family members can help the family and the business survive the crisis**





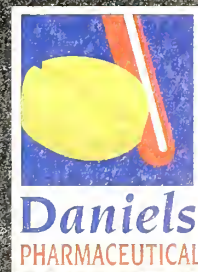
“Our electronic ordering system makes it easy to order stock and obtain information in just a few seconds”

Linda Clewer,  
Daniels PMR Computer Sales,  
Derby. 01332-340671

## The new national force in pharmaceutical wholesaling

- A personal service you can trust
- Precise information at your fingertips

*Serious about healthcare*







**It shows he nose  
his business.**

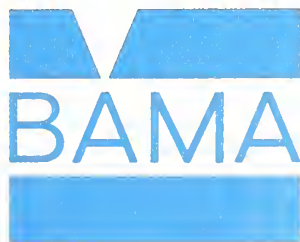
**Liquid formula for colds, flu and chesty coughs All-in-One.  
£3.4m Beechams TV spend November '95 - February '96.  
Specific All-in-One TV commercial.**

**PRODUCT INFORMATION: PRESENTATION:** Each 20 ml contains Paracetamol Ph Eur 500mg, Guaiphenasin Ph Eur 200mg, Phenylephrine hydrochloride Ph Eur 10mg. **USES:** Short term relief of colds, chills and influenza. **DOSAGE AND ADMINISTRATION:** Adults and children 12 years and older: 20ml every 4 hours as necessary up to 4 doses in 24 hours. **Children 6 to under 12:** 10 ml every four hours as necessary up to 4 doses in 24 hours. **Children under 6 years:** On medical advice only. **CONTRAINDICATIONS:** Known hypersensitivity to ingredients, hepatic or renal impairment, hypertension, hyperthyroidism, diabetes, heart disease or patients taking tricyclic antidepressants. **MAOIs or beta-blockers:** **PRECAUTIONS:** Avoid use with alcohol, other cold medications or decongestant or paracetamol-containing preparations. **INTERACTIONS:** Warfarin and other coumarins, cholestyramine, alcohol. **PREGNANCY AND LACTATION:** Use only when considered essential by a doctor. **SIDE EFFECTS:** Usually well-tolerated in normal use. Skin rash and other allergies, gastrointestinal discomfort, high blood pressure with headache, dizziness, vomiting, diarrhoea, insomnia and palpitations have occasionally been reported with the active ingredients. There are a few reports of blood disorders with regular or excessive paracetamol use. **LEGAL CATEGORY:** GSL. **PRODUCE LICENCE NUMBER:** PL 0079/0320. **RETAIL PRICE:** 160 ml £3.19. Further information is available from the product licence holders SmithKline Beecham Consumer Healthcare, Brentford, Middlesex TW8 9BD. **DATE OF LAST REVISION:** August 1995. Beechams All-in-One is a trademark.

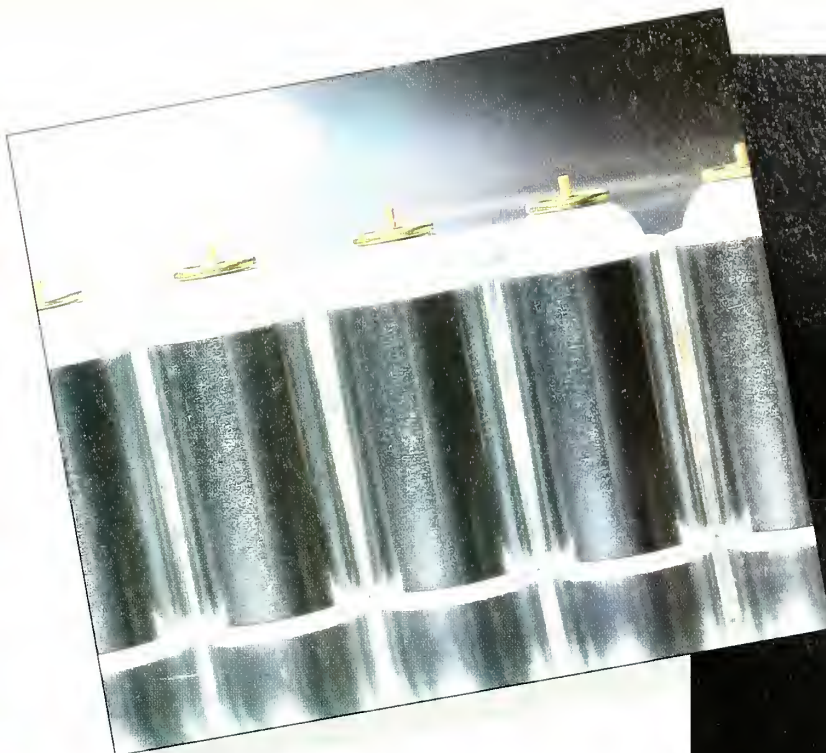
**SB SmithKline Beecham**  
Consumer Healthcare



CO-SPONSORED BY  
**British Aerosol  
Manufacturers'  
Association**



This is the 32nd  
*Chemist & Druggist* training  
seminar for pharmacists and  
their assistants,  
sponsored jointly with a  
company having a particular  
expertise in the title subject



*The UK is the biggest manufacturer and consumer of aerosols in Europe. British companies produce almost one-third of Europe's aerosols, and the average British household buys 34 a year. In fact, the UK aerosol industry is booming, says director of the British Aerosol Manufacturers' Association, Sue Rogers*

# Seminar

Accredited by the College of Pharmacy Practice

## No 32

# Press for success!

**M**ore than a billion aerosol products were manufactured in the UK in 1994, according to figures from the British Aerosol Manufacturers' Association (BAMA). This represents a rise of 10.6 per cent on the 1993 figure of 935 million. It is estimated that more than 840m of these were sold in the UK.

Although the increase was partly due to some multinational marketers centralising their pan-European filling in the UK, some product categories have shown spectacular growth since 1993:

- Medicinal and pharmaceutical aerosols increased substantially,

hitting the 100m mark

- Deodorants and body sprays increased to 198m

- Hairstyling products (excluding mousse, which also increased), grew by a third, up from 113m units in 1993 to 150m

There was significant growth in a number of household and personal care products packaged in aerosol form with deodorants, body sprays and antiperspirants increasing by more than 10 per cent and air fresheners by 15.6 per cent.

These figures are proof that the reputation of aerosols has recovered from the environmental crisis of the late 1980s. The message that all consumer aerosols have been CFC-free for six years, and are recyclable, is getting through. Consumers are now

enjoying the unmatched performance of aerosols without needing to worry about the ozone layer effect.

### **New technology, new uses ...**

With technology advancing all the time, new uses for aerosols are emerging, as well as many new product formulations.

- **Personal care.** The growth in bi-compartmented cans – utilising bag-in-can technology – has led to a huge increase in the shaving preparations market. The introduction of shaving gel formulations a few years ago, combined with the British male's new-found willingness to give shelf-room to grooming and beauty products, helped push aerosol products (foams and gels)





from 93m in 1993 to 105m in 1994.

"Increasingly young men are using body sprays, with fragrance being the leading factor of choice," says Elida Gibbs.

The new bag-in-can technology has also revolutionised the skin care market. Manufacturers have introduced cleansers, moisturisers and cosmetics in aerosol form. Aerosols are airtight, non-degradable and cannot be contaminated by bacteria from hands.

Personal care aerosols – such as hair care products, mousses, perfume, deodorants, antiperspirants and body sprays, shaving lathers (foams and gels), skin care and cosmetics – now account for 64 per cent of British aerosol production, and well over half of consumption. This sector is one of the fastest-growing within the industry.

The hair care market has seen leave-in conditioners and styling mousses which sometimes contain colorant, making gains with younger consumers. Some 59m units were produced in 1994. The UK population prefers deodorants and antiperspirants as aerosols, with over 63 per cent opting for them. **Household.** "The remarkable growth in the air freshener market can be attributed to continuous innovation. The development of odour-neutralisers, and the huge advertising support these products have received, has certainly boosted the market," said S C Johnson Wax recently.

Aerosol household products include air fresheners, furniture care, laundry stain-removers, starch, bathroom cleaners, oven care, carpet cleaners and insecticides. Air fresheners and furniture care products are the largest sectors, with aerosol delivery being the preferred option for consumers in each case.

The majority of household aerosols have been butane propelled for more than 20 years. Contents vary greatly but generally include solvents, surfactant and perfume. Many are water-based. The introduction of non-butane compressed air propellant systems has been a recent technical innovation in the household product market.

# Manufacturing techniques explained

*Nigel Jackson, technical manager of Precision Valve UK, explains the workings of an aerosol and new technology*

**W**ithin the industry, an aerosol is defined as "any integrated ready-to-use package from which product is dispensed by pre-stored pressure in a controlled manner".

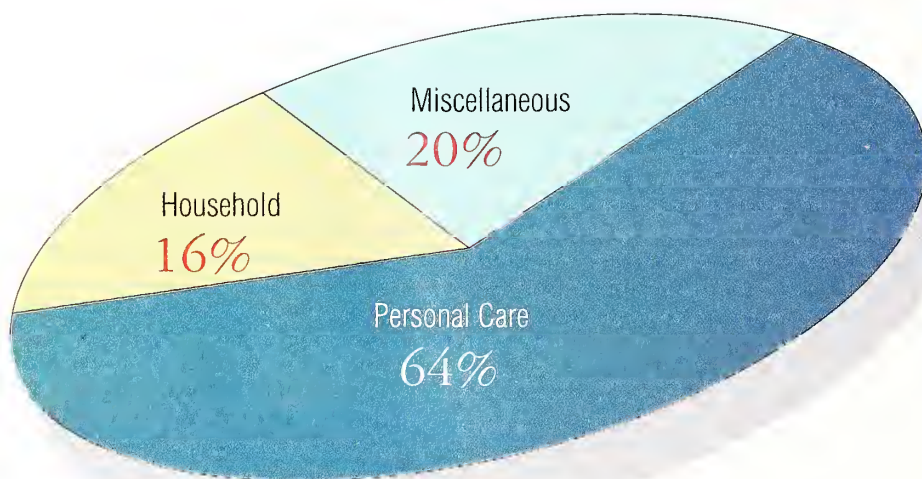
An aerosol product consists of a number of interacting components as follows: the product concentrate, the propellant (often also acting as a co-solvent), the container and the valve. All are carefully chosen and tested to work together in a unique fashion.

The pressure, from the propellant when the valve opens, drives the product up the dip tube, through the valve and out in the required form – ie fine spray, mousse, gel, jet, etc.

Typical propellants currently include LPG (butane and propane mixtures), DME (dimethyl ether), HFCs for metered dose inhalers and some industrial products, carbon dioxide,



## UK market breakdown





nitrous oxide, nitrogen and compressed air. All have their pros and cons in terms of environmental impact, performance and ability to be a co-solvent.

Bi-compartmented cans, also known as bag-in-can aerosols, permit heavier products, such as the now-familiar shaving gel to be 'squirted' from cans. Creams and lotions are also being repackaged in aerosols, the benefits being non-contamination from bacteria-ridden fingers, and that small amounts are dispensable. And the remaining product is kept fresher for longer, because the bag is sealed and not exposed to air.

### Research in the air

Detailed consumer research was undertaken by BAMA during April and May this year, through Sadek Wynberg. The purpose was to identify whether consumer attitudes had changed since the last major research five years ago, and if so, how, why and by how much.

The research was conducted in a number of regional mini group discussions. Groups were identified as 'rejecters', 'concerned users' and 'unconcerned users'. Areas discussed included environmental concerns, warning labels, solvent abuse and recycling. Comparisons were made with other types of packaging.

The results were most encouraging. Consumers' view of aerosols had improved and they tended now to think that they had been 'sorted out' by the manufacturers. CFCs have been removed, thus distancing the threat to the environment. With aerosol recycling in its infancy, consumers were not yet aware that aerosols were being recycled along with other packaging.

Another finding proved more surprising; some younger consumers thought aerosols were a bit dated. Some even credited them with a 1970's image. A clear challenge to manufacturers and can makers to come up with some inspired new ideas!

# Labelling Euro-style

*Recent changes in the European law have decreed that all aerosol cans which contain any flammable propellant must now be labelled 'extremely flammable' and carry a flame symbol. Sue Rogers considers the implications*



**I**n the UK, BAMA members are recommended to label to warn against the dangers of inhaling (deliberately abusing) an aerosol. The current warning that BAMA recommends manufacturers to include on the can is: "Deliberate abuse of this product by concentrating and inhaling the contents can be harmful or fatal."

Some criticism has been levelled at this move ... Why highlight an abusable product to a potential abuser? However, experts say that children already know what is abusable. The label serves as a warning to parents, alerting them that they should be more aware of what could be going on in their home.

Tactile Danger Warnings (TDWs) are an area in which BAMA has had long and involved talks with the Department of Trade and Industry. The DTI does not want to see TDWs applied to all aerosol cans labelled 'extremely flammable', but

only to those which are 'harmful', corrosive or toxic.

The DTI's conclusions were partly drawn following some lengthy research BAMA conducted with the blind, who made it quite clear that they did not wish for TDWs on 'extremely flammable' packs. The research showed that the blind liked aerosols because they can feel which way to direct the spray, and the contents don't spill if the can is knocked over, etc.

The blind say they assume aerosols are flammable. However, they want TDWs to be applied to aerosols which have other hazards.

### Recycling in the can

BAMA positively encourages the recycling of aerosols and is currently in the process of visiting local authorities nationwide to explain the benefits and simplicity of aerosol recycling.

As we have seen with the results of the consumer research, the 'ozone-destroying' image of the aerosol is mostly gone now.

Some people still have misgivings about throwing away aerosols, worrying about their potential for recycling. Surely you can't recycle a pressurised container?

The UK Government has passed legislation to increase recycling in this country, and European legislation is also moving towards high levels of re-use, recovery or recycling of packaging materials. Over 840 million aerosol cans were sold in the UK during the last year.

For local authorities which are responsible for disposing of the empty cans, these figures represent either an unwelcome and unnecessary demand on precious landfill space, or the opportunity to add to their recycling targets with minimal effort.

About 70 per cent of aerosols used in the UK are made from steel, 25 per cent are aluminium, with the remainder in glass, and all are eminently recyclable with good end markets. In Europe, about 450m of the 3 billion aerosols sold annually are





recycled, mostly through magnetic extraction techniques.

In this country, the proportion of recycled aerosols is still small at about 8 per cent or 60m cans. Partly, this is because our recycling infrastructure is generally less well developed than in many other European countries, but it is also because many local authorities and consumers are not aware that aerosols can be recovered safely and efficiently along with any other metal packaging. In Germany, for example, aerosols carry a green dot which immediately indicates to the user that the product is recyclable.

For the consumer, recycling empty aerosols should be as practical and convenient as it is for cans, newspapers or bottles. However, when disposing of aerosols for recycling the consumer has to remember to finish the can up and not to 'wash and

squash' the container. For local authorities, the message is to keep aerosols mixed in with the general metal stream and ensure that health and safety routines are followed.

Another option is the kerbside collection scheme, where recoverable material is collected from the doorstep. BAMA has been working with Sheffield City Council which started one of the first such schemes.

Louise Pellett, recycling officer for Sheffield City Council, says: "Our aim is to facilitate all recycling, including aerosols. The kerbside collection scheme has proved very successful in collecting aerosols. However, we also have a magnetic extraction facility that collects steel aerosol cans from those people in Sheffield who don't participate in the kerbside scheme."



## Controlling solvent abuse

*All retailers have a legal requirement to prevent accidental deaths. Jeremy Clitherow, a Liverpool community pharmacist, looks at what this means in practice*

The fact that aerosols can be deliberately abused is something that BAMA, manufacturers and retailers take very seriously indeed.

The Intoxicating Substances (Supply) Act 1985 states: "It is an offence to supply an abusible product to a person under the age of 18, or to a person who is acting on behalf of a person under the age of 18 if the retailer knows or has reasonable cause to believe that the substance, or its fumes, are likely to be inhaled by the person under the age of 18 for the purpose of causing intoxication."

Aerosols are extremely safe when used correctly but, unfortunately, the solvent in aerosols and other products can be deliberately misused with fatal consequences.

An estimated 15 per cent of solvent abuse deaths involve aerosols.

The good news is that deaths from VSA (volatile substance abuse) have declined sharply in recent years. There were 73 recorded deaths in 1993, representing a year on year reduction since a peak of 151 deaths in 1990 (figures obtained from St George's Hospital Toxicology Unit).

BAMA has worked closely with relevant bodies and the Government over this issue, supporting charities, organising multi-disciplinary conferences and widely distributing comprehensive guidance leaflets to retailers on the Intoxicating Supply Act. To date, over 500,000 leaflets have been issued to retailers.

BAMA currently chairs the new Industry Forum on VSA, set up to study what manufacturers and retailers can do to minimise this

problem with its tragic consequences.

As a retail pharmacy team working in the inner city, my staff and I recognise the signs of possible abuse. The obvious ones are groups of teenagers standing around counters where aerosols are displayed; frequent attempts at purchase of abusable products by the same individuals; traces or smells of solvents; glazed expressions; slurred speech; staggering as they walk; red eyes or face; spots around the nose and mouth; and excessive giggling.

Requests for a plastic bag or carrier at the same time as abusable products should always arouse suspicion.

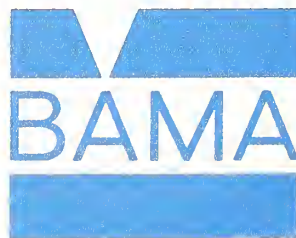
The overwhelming majority of people who buy aerosols would not dream of abusing them. They like the products the aerosols contain and value the efficient delivery system.

### BAMA fact file

To receive a copy of BAMA's retailers' leaflet, contact the Association on 0171 828 5111

BAMA literature is available from: BAMA, Kings, Buildings, Smith Square, London SW1P 3JJ

- Aerosols for living
- Solvent abuse and aerosols – advice to retailers
- Fact card
- Your questions answered
- Air quality (the facts ...)
- Clearing the air about aerosols
- Let's talk about aerosols
- Spray clean, stay clean
- What is BAMA?





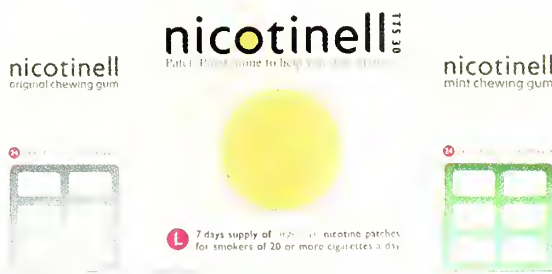
10,000,

With this many smokers in Britain wanting to quit,  
we'll make sure your sales light up.

And how will we hook them? Firstly, by launching a massive £4.5 million ad campaign to teach smokers how Nicotinell patches work. Which means doubts about the relative harm from nicotine should go up in smoke. Secondly, by introducing a brand new, great tasting Nicotinell gum. And thirdly, by helping you to help

your customers, with POS material and product information guides. We're already brand leaders with

59% of the patch market, and this new drive will leave the competition fuming. So make sure you're well stocked up with packs of Nicotinell Patches and Nicotinell Gum. You'll be amazed how many you get through.



**PRESENTATION** Transdermal Therapeutic System containing nicotine, available in three sizes (30, 20 and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg nicotine, in original and mint flavour. **INDICATION** Treatment of nicotine dependence, as an aid to smoking cessation. **DOSEAGE** Stop smoking completely when starting treatment. **PATCH** For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Oeses above 30cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **GUM** One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 15 pieces per day. After 3 months, the user should gradually cut down the number of pieces chewed. **CONTRAINDICATIONS** Non smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **PRECAUTIONS** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **KEEP OUT OF THE REACH OF CHILDREN AT ALL TIMES**. **SIDE EFFECTS** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **NICOTINE PATCHES** Most common adverse effects are reactions at the application site (usually erythema or pruritus). **NICOTINE GUM** May cause throat irritation, hiccuping, minor indigestion or heartburn. **LEGAL CATEGORY** P. **PACKS** NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. NICOTINELL Original Chewing Gum 2mg (PL0001/0195) and NICOTINELL Mint Chewing Gum 2mg (PL0001/0197) in packs of 24, trade price £2.57, retail price £4.50, and packs of 96, trade price £7.70, retail price £13.50. <sup>®</sup> denotes registered trademark. **PL H010ER** Ciba-Geigy plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **DATE OF PREPARATION** October 1995. 1294/655



# Boots to reap RPM benefits

Boots will benefit if resale price maintenance on medicines is dropped, but it will continue to support the price controls.

The group is "uniquely positioned to take advantage of the situation, whichever way the decision goes", said deputy chairman and chief executive Lord Blyth, speaking at the company's interim results meeting.

Removal of RPM would see a drastic cut in the number of pharmacies, he said. This would present an enormous challenge to a Government which was trying to shift the balance of healthcare into the community.

If RPM goes, the company has buying power and can compete aggressively when core markets are attacked. Lord Blyth cited a recent price promotion on own-brand vitamins, with no breach of RPM, which resulted in higher sales than ever before.

When asked why, if Boots would benefit from the collapse of RPM, the company did not campaign for it to be abolished, Lord Blyth replied that companies did not always have to act as predators.

"We employ a large number of pharmacists who believe that the service they and their colleagues provide is very important," he said.

For the six months to September, chairman Sir Michael Angus described Boots the Chemist as the "star performer" in the group, which saw overall profits fall by £23.1 million to £218.7m.

BTC's counter sales were up 4.8 per cent and dispensing sales



**Lord Blyth: if RPM falls, pharmacies will come on to the market at a "good price"**

up 9.3 per cent. Total sales improved by 5.7 per cent to \$1.5 billion. Profit at \$164.3m, increased by 13.3 per cent.

The pharmacies benefited from excellent sales of sun care products during the hot summer weather, unlike Boots' other retail sectors, such as A G Stanley and Do It All, where the fine weather and a continuing lack of consumer confidence led to disappointing results.

Beauty and personal care business achieved excellent results with sales up 9 per cent, including an increase in sunshop merchandise of over 17 per cent. Good summer weather usually depresses sales of cosmetics, but these grew by 9 per cent.

Cosmetics and toiletries represent 36 per cent of BTC's sales, while OTC medicines represent 13 per cent, of which half are P medicines. Healthcare

## BTC's last six months

Total sales up 5.7% to £1.5bn  
Like for like sales up 4.5%  
Profit up 13.3% to £164.3m  
Counter sales up 4.8%  
Dispensing sales up 9.3%

sales were up 5.4 per cent.

About 20 new pharmacies opened, all but one or two having NHS contracts, bringing the total to 1,194. Two thousand new products are being developed, half through Boots Contract Manufacturing. Most are likely to be launched in 1996.

Boots Healthcare International's sales, at \$99.7m, decreased by 9 per cent. After adjusting for non-comparable items, mainly the Farley's business sold last year, comparable sales increased by 7.3 per cent. Profit at \$2.4m was \$7.4m below the previous year, reflecting investment in product launches.

The switch of ibuprofen to GSL will be "very positive indeed" for BHI, and Lord Blyth said it would also be good for BTC. As the product made profit all through the distribution chain, so anything that increased market share will be attractive.

The group as a whole had 6 per cent increase in turnover to \$1.9bn. The drop in profits was attributed to the sale of the pharmaceuticals division to BASF, and for which a final payment of \$88m is still being negotiated.

The interim dividend has been raised from 5.35p to 5.7p. Earnings per share fell from 20.2p to 15.9p.

## Efamol md announces grocery move

Scotia Pharmaceuticals' over the counter division, Efamol, has announced plans to increase grocery distribution of its supplement range.

New Efamol managing director Michael Barber says the company's presence in this sector is "not very good, we are only in one major multiple. As far as we are concerned it's virgin territory".

However, Scotia's chief executive, Dr David Horrobin, stresses the move will not be at pharmacy's expense, which is "vital to development". He adds that the company intends introducing new patented products to pharmacy before moving into other markets. "Pharmacy is crucial to the introduction of new products as it is much more sophisticated than other sectors," he says.

The company aims to launch two to three patented nutritional supplements over the next 12-18 months, with indications that the mother and baby nutrition division is one the company is "obviously interested in", he says.

The other focus for Efamol will be the launch of an above the line consumer advertising campaign "to address brand values and give consumers a reason to buy", says Mr Barber. An umbrella approach will promote all the products in the Efamol range, not just those carrying the Efamol brand name.

## Harris buys Unilab

Philip Harris has bought Unilab, the education technology equipment manufacturer and distributor, for \$2.5 million.

Philip Harris will also pay a further \$750,000, which is dependent on the completion of order results from overseas tenders already submitted, but not yet contracted for. In the year to March 31, 1995, Unilab reported pre-tax profits of \$82,000 on sales of \$4.1m. The net asset value of Unilab has been warranted at not less than \$330,000.

Philip Harris will transfer its manufacturing operation from Weston-super-Mare to Unilab's Blackburn manufacturing unit over the next 12 months with the loss of 30-40 jobs in Weston-super-Mare, but creating 25 new jobs in Blackburn, according to David Newcombe, managing director of Philip Harris. This and other rationalisation measures are expected to result in a one-off cost of \$900,000, which will be charged as an exceptional item in the year to March 31, 1996.

The acquisition gives Philip Harris access to the growing school technology market and will give the company an opportunity to expand its export sales.

## Glaxo Wellcome jobs and R&D shakeout

The recently-merged Glaxo Wellcome has announced further integration plans, including the loss of 1,800 jobs from the 11,500 global workforce by the end of this year and rationalisation of research and development.

The group plans to bring three new medicines a year to the market from the year 2000. A sweeping review of the joint R&D portfolio has taken place, which now

comprises 50 major research projects and 93 development projects.

Therapy areas include the neuro-sciences, anti-virals, cardiovascular disease and cancer. R&D expenditure for next year is estimated at \$1.2 billion.

In the year to October, GW filed 33 regulatory submissions around the world, including Epi-vir, a reverse transcriptase in-

hibitor for AIDS/HIV; Ultiva, a short-acting analgesic/anaesthetic; and Imigran, an anti-migraine therapy.

Between now and the end of 1996, 39 regulatory submissions are planned. Included are troglitazone, a novel anti-diabetic licensed for Europe. Early data show it does not have the side-effects of some other diabetic therapies.

## Daniels recruits from rival wholesalers

Daniels Pharmaceutical has reinforced its business services with six new appointments, all of which have come directly from Unichem and AAH.

The four recruits from AAH's sales force have been appointed as regional business develop-

ment managers. They are John Masters (previously key account manager), with responsibility for Bristol; Chris Sutton, East Anglia; Tony Riddle, south London; and Peter Shadwick, Liverpool.

Steve Ayling and Suzy Lockwood, previously divisional sales

managers at Unichem, have been appointed as general sales managers for the North and South respectively.

Earlier this year, parent company Lloyds embarked on a major reorganisation and rebranding of Daniels.



# UK POM market grows

The UK market for prescription medicines continues to have one of the fastest growth rates in Europe, but it is only the fourth-largest European market, with sales worth \$2.6 billion in the first nine months of the year.

This figure was up 9 per cent on the same period last year, according to the latest IMS Drug Monitor survey. Spain was the only European market growing faster than the UK, up 12 per cent to \$2bn. However, Germany, France and Italy all have larger markets, with sales worth \$7bn, \$6.1bn and \$3.2bn respectively.

Digestive treatments continued to be the largest therapeutic category, with sales worth \$519m, followed by cardiovascular drugs at \$434m and respiratory treatments at \$397m. The fastest growing therapeutic areas were hospital solutions, up 23 per cent to \$2.5m and blood agents up 21 per cent to \$48m.

The global market grew to \$57.6bn, up 9 per cent on the first

## UK POM sales by therapeutic area

Therapeutic area UK sales (£ millions)

Cardiovascular 434  
Digestive systems 518  
CNS 364  
Anti-infectives 188  
Respiratory 397  
Musculo-skeletal 159  
Blood agents 48  
Genito-urinary 152  
Dermatologicals 143  
Cytostatics 71  
Sensory organs 46  
Miscellaneous 12  
Hormones 32  
Diagnostic agents 25  
Hospital solutions 2.5  
Parasitology 12.7  
Total 2,605

Source: IMS Drug Monitor

nine months of last year. North America had the largest market with sales of \$23.8bn, with Europe close behind with sales of \$22.5bn.

## Astra improves, Losec sales strong

Astra, the Swedish pharmaceutical company, announced pre-tax profits up 26 per cent to SKr9.1 billion (\$1=SKr10.5) for the first nine months of 1995 compared with the same period last year. Sales increased by 33 per cent to SKr26.7bn.

The increase in sales was helped by an SKr3.4bn contribution from Astra's share in Astra Merck. With effect from November, 1994, Astra and Merck are splitting the profits of Astra Merck 50/50; previously Astra only received licensing income from the joint venture.

Sales of Losec, Astra's anti-ulcer drug, rose 66 per cent to SKr11.4bn. Sales of Pulmicort, its anti-asthma drug, rose 20 per cent to SKr3.2bn, with the UK, Germany and France as its largest markets.

Capital expenditure during the period included the acquisition of Fisons' research operation in May, 1995, which cost SKr1.8bn.

## Peptide flotation

Peptide Therapeutics, the biopharmaceutical company, has published its pathfinder prospectus. Peptide Therapeutics is pursuing 12 product development programmes, focusing on areas where there are substantial unmet medical needs, such as allergy, juvenile asthma and rheumatoid arthritis. Clinical trials using the active allergy vaccine suggest that it is effective in protecting patients with food allergies, claims the company.

## Flat Amersham

Life sciences group Amersham International unveiled flat interim pre-tax profits of £19.8 million, up only slightly from £19.6m last time. Profits were driven by currency movement in the life science division and in the expanding healthcare business, where profits were up from 35.5m to £5.9m.

## US buy up

Health and Diet Group, a 22-store health retailer and manufacturer, has been sold to General Nutrition (GNC), the leading US retailer and manufacturer of vitamins and supplements. GNC says the UK will be the launching pad for expansion into the rest of Europe.

## Small businesses

Around 250,000 small companies were launched in the UK in the half year to June, according to the latest Barclays' report, which is entitled 'Starting up in business'. This is the highest six-month figure since the late 1980s and, says Barclays, is a reflection of the gradual economic improvement. The report also states that the number of women currently launching businesses is on the increase. They now account for 27 per cent of the total.

## Dim retail outlook

The latest Verdict report on the retail sector is not very encouraging. It says that the economic optimism of 18 months ago has completely fizzled out and that sales growth over the next five years will be sluggish at best.

# Seton buys Woodward from LIG

Healthcare group Seton's acquisitions strategy show no signs of slowing.

In tandem with its interim results, the Oldham-based group announced the \$4.8 million acquisition of the Woodward brand from the London International Group. The purchase will be funded from the rights issue, which raised \$26m in June. The

brand, which consists of gripe water and teething gel, last year had profits of \$1m on sales of \$2.2m.

To date, Seton has acquired the UK and UK export businesses only, but has a 12-month option to buy the remaining businesses in the Far East, Australasia and southern Africa.

Pre-tax profits in the existing

business increased by a third to \$6.5 billion in the half year to August. Turnover was up 34 per cent to \$5.8bn and like for like sales were up by 11 per cent.

Sales in the UK consumer division increased by 63 per cent to \$16.5m and medical sales increased 12 per cent to \$12.7m. Exports were also up, 27 per cent to \$6m.

## COMING EVENTS

### MONDAY, NOVEMBER 13

**Southampton & District Branch, RPSGB, and Basingstoke and North Hampshire Branch, RPSGB**  
Moat House Hotel, Worthy Lane, Winchester, 7.30 for 8pm. Discussion on admission and discharge procedures, with Jill Fox.

### TUESDAY, NOVEMBER 14

**Leicestershire Branch, RPSGB**  
Post Graduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. Asthma study evening

**Northern Scottish Branch, RPSGB**

Craigmonie Hotel, Inverness, 8pm. 'Pharmacy can be fun!', by

Mike Burden.

### WEDNESDAY, NOVEMBER 15

**Scottish Department, RPSGB**  
At 36 York Place, Edinburgh, 7.45pm. 'Palliative care' by Jo Hockley, clinical nurse specialist, and Helen Fielding, principal pharmacist at the Western General Hospital, Edinburgh.

**Wirral Branch, RPSGB**  
At Wirral Postgraduate Medical Centre, Clatterbridge Hospital, 7.30 for 8.15pm. 'Contraception' by Dr Jenny Hopwood.

**Shropshire Branch, RPSGB**  
Annual dinner at the Lord Hill Hotel, Shrewsbury, 7.30 for 8pm.

**THURSDAY, NOVEMBER 16**

### Lanarkshire Branch, RPSGB

Oddbins, Glasgow, 'Wine Tasting'. **Glasgow & West of Scotland Branch, RPSGB**

With Guild of Hospital Pharmacists at the McCance Building, University of Strathclyde, Richmond Street, Glasgow, 7.30 for 8pm. 'Folic acid, vitamins and other supplements in pregnancy' by Dr Alan Mathers

### FRIDAY, NOVEMBER 17

**Eastbourne & District Branch, RPSGB**

At the Chalk Farm Hotel, Willingdon, Eastbourne, 7.45 for 8pm. Dinner plus address by Christine Glover, RPSGB Council member



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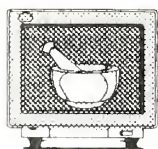
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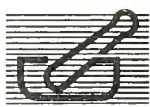
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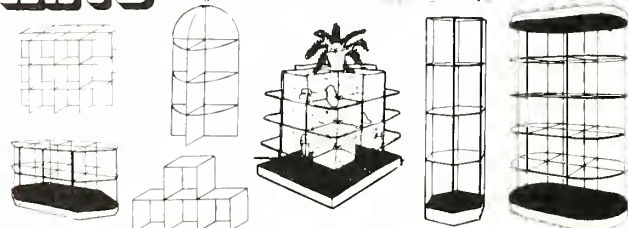


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# ABOUT people

## Pharmacists honoured

John Ferguson and Professor David Ganderton were presented with their OBEs at Buckingham Palace last week.

Both were rewarded for their endeavours in pharmacy in last June's Queen's Birthday Honours List.

Mr Ferguson was assistant secretary of the Royal Pharmaceutical Society from 1967-1975 before spending ten years as secre-



**John Ferguson OBE**

tary and registrar of the New Zealand Pharmaceutical Society. He is currently secretary and registrar of the RPSGB. In 1977, he was made a fellow of the Society and was last year elected president of the Europharm Forum.

Professor Ganderton received his OBE for services to control of medicine. He is currently chairman of the British Pharmacopoeia Commission. He became a fellow of the RPSGB in 1981 and was previously head of pharmaceuticals at King's College pharmacy department in London.



**Professor Ganderton OBE, with his wife, Joyce, outside Buckingham Palace**



**David Christie of Roseville Pharmacy in Jersey will be hopping off to another island – Barbados – thanks to winning the Unichem and Johnson & Johnson holiday draw. Mr Christie will be spending a week on the paradise island with his partner**

## Turton Pharmacy keeps trader trophy

A Penryn pharmacist has won the town's "Trader of the Year" competition so often that he's been presented with a special commemorative plaque.

David Turton of Turton's Pharmacy, Penryn, Cornwall, has picked up the prize, judged by the town's residents, three years on the trot, sharing it with a butcher in 1994, but winning outright in 1993 and this year.

Mr Turton puts his success down to being "friendly and one of the local community".

"I try not to be too pharmaceutical or clinical," he told *C&D*. "I aim to be seen as an expert friend. That goes down a lot better with the people of Penryn than being someone who wears a white coat and says you can't buy this, that and the other."

## New developments at the NPA

Georgina Craig has joined the National Pharmaceutical Association as its head of professional development.

Mrs Craig has been given the task of developing marketing programmes for the NPA's professional service co-ordinators to implement locally.

A business graduate, Mrs Craig has spent seven years in sales

and marketing in the pharmaceutical industry. More recently, she was key account manager at Merck Sharp & Dohme, where her job included undertaking pilot studies in pharmaceutical care.

● The College of Pharmacy Practice has appointed Graham Conkie as regional adviser for Scotland.

## Society welcomes aboard Hider

Robert Charles Hider, professor of medicinal chemistry in the department of pharmacy, King's College, London, is now an honorary member of the Royal Pharmaceutical Society.

Professor Hider has had a long connection with King's, having gained a BSc in chemistry and physics there in 1961.

Presenting him with his hon-

orary membership certificate last week, the Society's president, Ann Lewis, said the professor had made a significant contribution to pharmacy undergraduate education at King's.

Since 1987, the BPharm degree has been completely redesigned and now contains relevant aspects of biochemistry, molecular biology and pharmacy practice.



**Dr Trevor Jones, director general of the ABPI, has been elected honorary fellow of the Faculty of Pharmaceutical Medicine. Dr Jones (pictured right) was awarded his fellowship at the FPM's annual meeting by Faculty president Dr John Domenet. After graduating from the University of London, Dr Jones gained a qualification in chemistry and a PhD. He taught at Nottingham University and has held visiting professorships at the Universities of North Carolina, Strathclyde and King's College, London. He was head of the pharmaceutical department at Boots and spent 18 years with the Wellcome Foundation**

**Gill Dascombe, a locum pharmacist and Methodist lay preacher in Stockport, was one of the five runners-up at The Times Preacher of the Year Award held at St Pancras Church in Euston, London. Mrs Dascombe preached in a public service watched over by a judging panel which included atheist and broadcaster Ludovic Kennedy and secretary of state for the environment John Gummer**





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